

CA2 ALU 50
A56
1962

ALBERTA LEGISLATURE LIBRARY



3 3398 00486 1539

~~LIBRARY
VAULT 9~~

1962



40th annual report



UNIVERSITY OF ALBERTA HOSPITAL



EDMONTON

Digitized by the Internet Archive
in 2026 with funding from
Legislative Assembly of Alberta - Alberta Legislature Library



Fortieth
ANNUAL REPORT
FOR THE YEAR ENDING DECEMBER 31, 1962

THE UNIVERSITY OF ALBERTA HOSPITAL FOUNDATION

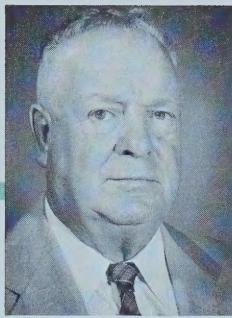
The dramatic progress that has been made in patient care during the past two decades has been beneficial to all Canadians. In many instances it has been life saving, and in others it has prevented incapacitating disability and has restored useful function. It has prolonged life expectancy and has made it possible for many who would previously have had a lifetime of invalidism to live a normal life. This has been made possible by the education and clinical research carried on in the University of Alberta Hospital and others like it in all parts of the country.

Education and clinical research are costly functions of a teaching hospital. Unfortunately many of our residents have been led to believe that under the national hospitalization plan all of these costs are met by government funds. Such is not the case. You will realize as you read this Annual Report that the staff of this hospital conducts an increasingly large and progressive clinical research program. The costs of this work, which will result in even greater health benefits to mankind, must be met by funds obtained from sources outside the hospitalization insurance program.

In order that such funds may be obtained and kept in trust to be used only for specified purposes, the University of Alberta Hospital Foundation has been created by an Act of the Legislature. The Foundation will be operated as an agency entirely independent of the hospital by an appointed Board, and funds will be granted only for projects that are not accepted as financial obligations by the hospitalization plan.

Gifts and bequests to the Foundation are normally considered as tax-free. All those interested in contributing to the future health of the nation through financial support of a clinical research and educational program, are advised to consult their financial or legal advisers for details on support of the University of Alberta Hospital Foundation.

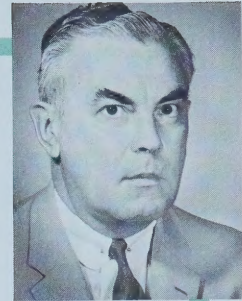
UNIVERSITY HOSPITAL BOARD



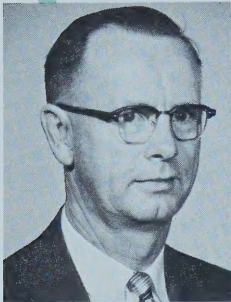
D. J. AVISON
Chairman



DR. W. C. MacKENZIE
Dean of Medicine



DR. W. H. JOHNS
*President
University of Alberta*



J. M. CURRIE
*Asst.-Deputy
Prov. Treasurer*

E. MATHER
Dept. of Public Health

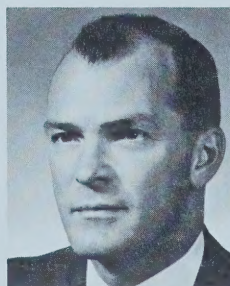


DR. A. SOMERVILLE
*Deputy Minister
of Health
(Retired)*

ADMINISTRATIVE COMMITTEE



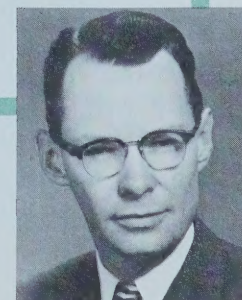
DR. B. SNELL
*Medical
Superintendent*



DR. J. D. WALLACE
Executive Director



MISS GENEVA PURCELL
Director of Nursing



G. C. SHERWOOD
Business Administrator

ADMINISTRATION

Dr. J. D. WALLACE
 Dr. B. SNELL
 Mr. G. C. SHERWOOD
 Mr. C. PEPPLER
 Miss M. G. PURCELL
 Dr. D. R. WILSON
 Dr. R. A. MACBETH
 Dr. W. M. PAUL
 Dr. J. K. MARTIN
 Dr. K. A. YONGE
 Dr. M. T. F. CARPENDALE
 Dr. E. A. GAIN
 Dr. H. E. DUGGAN
 Dr. R. E. BELL
 Dr. J. W. MACGREGOR
 Dr. H. R. MacLEAN
 Dr. A. S. LITTLE
 Dr. F. G. RAMSAY
 Miss I. TORRINGTON
 Miss J. G. NAIRN
 Miss M. PRICE
 Mr. W. W. MADAY
 Mr. J. ELLISON
 Mr. S. WOOD
 Mr. J. BEATON
 Mr. J. PEDDEN
 Mr. T. HUGHES
 Mr. A. BUYSSEN
 Mr. D. SCHNEIDER
 Mrs. J. RYMAL
 Miss I. CHENARD
 Miss N. HAWKINS

Executive Director
Medical Superintendent
Business Administrator
Asst. Bus. Administrator
Director of Nursing
Director, Department of Medicine
Director, Department of Surgery
Director, Department of Obstetrics and Gynaecology
Director, Department of Paediatrics
Director, Department of Psychiatry
Director, Department of Physical Medicine and Rehabilitation
Director, Department of Anaesthesia
Director, Department of Radiology
Director, Department of Clinical Laboratory Services
Director, Department of Pathology
Director, Department of Dentistry
Director, Department of Out-Patient and Emergency Services
Senior Treatment Medical Officer, D.V.A.
Director of Dietary Department
Medical Records Librarian
Admitting Officer
Director of Pharmaceutical Services
Comptroller
Accountant
Purchasing Agent
Personnel Officer
Credit Manager
Superintendent of Buildings
Laundry Manager
Director of Voluntary Services
Director of Social Service Department
Director of Housekeeping Service

REPORT OF THE EXECUTIVE DIRECTOR

The management of a large hospital is, by its paradoxical nature, a most challenging occupation. The term paradoxical is used advisedly in this context as it means "conflicting with preconceived notions of what is reasonable or possible". A person unfamiliar with the health fields, on being presented with the facts on hospital organization and management, would undoubtedly throw up his hands and decide that it just can't be done. And yet, in spite of many frustrations, it is done—and quite successfully—in large and small communities all over this country.

The costs of hospital operation become public information and are a cause of great concern. The product produced by a hospital cannot be measured by any known standards, and even its quality can be recognized only in a general way by experts in the health fields. The vitality of the organization itself can be measured only by impressions—the grateful smiles of parents as they take their children home from the open-heart unit; the chatter of happy voices in paediatrics; the contented buzz of conversation at the staff coffee break; the sigh of relief of an accident victim as he reaches the security of the emergency ward.

It is an endeavour in which success is usually measured in increasing deficits rather than profits. This has characterized the history of hospitals, and it has become so ingrained into the thinking that one automatically feels that a hospital that is showing a profit is somehow not producing its maximum effort for the public. It defies the normal business laws by doing best financially when it has the fewest customers, and by losing money when business improves.

Administration is the ham in the sandwich. It is squeezed tightly by justified pressure from both sides, particularly when hospitalization is provided at low cost as a public utility. The patients and their physicians request more service for more people, while the paying agencies demand a hold-the-line-on-costs policy. Hospital departments request more and better equipment and the employment of trained personnel to operate it, and the Board studies increasing quantities of red ink on the balance sheets and suggests that tighter control might be advisable. The whole effect is one of trying to satisfy champagne tastes on a beer budget.

It is natural that some of these frustrations may creep into the reports that follow. If so this is unintentional, and it is intended that these pages document the honest opinion that 1962 has been a productive and successful year for the University Hospital.

The trend toward the provision of increasing service to greater numbers of patients, which started with the opening of the Clinical Services Wing in 1960, continues. The reports of all service departments show steadily-mounting work loads which are placing increasing demands on the facilities, staff, and equipment. This hospital now offers a complete range of diagnostic and treatment services that makes it unnecessary for patients to travel to other medical centres on the continent for attention.

A study of the departmental reports that follow shows that they all have one thing in common. They all show that during 1962 there was an increase, not only in the amount of patient service performed, but in the complexity of this service. This increasing complexity means more equipment, more professional and technical people, and higher costs. It also means more exact diagnosis and better treatment and, as this is a teaching hospital, this improvement will be reflected wherever our students go and wherever the scientific reports of the activities of the University Hospital are read.

The provision of better care to larger numbers of patients has been reflected in greater demands on Nursing Service in all areas of the hospital. In many areas the staffing patterns were not geared for this load and in spite of the efforts of the nursing teams, they were unable to provide the care required during peak periods. On many occasions during the year it became necessary to augment the regular staff by providing special-duty nurses to provide the intensive care that was needed.

These factors, together with others that will be explained later, resulted in rapidly-rising costs for patient care, and for the first time in many years this hospital found itself facing serious deficits. It became increasingly obvious to the Board of the Administration that, if the University Hospital is to provide the facilities of a referral, teaching, and research centre in addition to the services provided by all large general hospitals, additional sources of revenue must be found. Recommendations in this regard were made to the Royal Commission on Health Services when it held its hearings in Edmonton during 1962, and they have since been given a sympathetic hearing by the Hospitals Division of the Province. The net cost per patient-day for adults during the year was \$22.01.

A number of important developments occurred during the year, among them the following.

1. Legislation

The University of Alberta Hospital Act was amended at the 1962 sitting of the Legislature to conform more closely with the present-day operation of the institution, and to protect the autonomy of the Board as a body corporate. Toward the end of the year the Lieutenant Governor in Council announced its intention to encourage greater community interest in the University Hospital by appointing the members of the Board from the community at large.

The Legislature also passed in 1962 an Act authorizing the formation of a University Hospital Foundation with the purpose of receiving gifts and bequests for use in clinical research projects that are not financed by the hospitalization plan. A Board of Trustees has been appointed and an approach to the public is planned in the near future.

2. Administration

Three major changes occurred among senior administrative personnel during 1962. Miss M. Geneva Purcell replaced Miss Jeanie S. Clark as Director of Nursing in August, and became a member of the senior management committee. Mr. C. E. Peppler, who has had considerable management experience with the C.B.C. in Vancouver, became Assistant Business Administrator to assist Mr. George Sherwood with his increasing load of business responsibilities. On the professional side, the Department of Obstetrics and Gynaecology obtained the services of a very capable geographic full-time Director in the person of Dr. William M. Paul of Toronto Western Hospital.

3. Plant and Equipment

After a number of delays and the final replacement of the contracting firm by crews from the Department of Public Works for completion on the job, the renovation program in the 1912 and 1929 Wings was completed and the areas were occupied. This leaves only a few sections of the 1950 wing to be renovated to finish the reorganization of the main building, and plans for this final stage are being prepared for presentation to the Hospitals Division. A number of beds will remain out of service until this is completed, and in view of the growing waiting lists for admission, it is hoped that this may proceed without delay.

The construction of a new incinerator unit which was scheduled for tender in 1961, has been delayed by a transfer of responsibility for construction projects at the University Hospital from the Department of Public Works to the Department of Public Health. Assurance has been given that this will proceed during 1963.

No assurance has been received that the construction of the teaching auditorium, delayed in 1962 by the austerity program, will be carried out in the near future. This is a necessary facility in the large teaching program of the hospital, and if funds are not available under the hospital construction program, alternative means of financing it should be found.

A start was made on plans for the renovation of the Colonel Mewburn Pavilion and the kitchen and storage areas of the hospital, but negotiations with federal and provincial authorities on these matters have not as yet been successful.

A considerable amount of new equipment has been obtained during the year. Major items of interest are a new Mayo-Gibbon heart-lung pump for the cardiovascular surgery unit, a cryo-surgical unit for neurosurgery, and a Kiil artificial kidney unit for the continuing treatment of chronic renal disease.

4. Special Services

The University Hospital continues to develop special diagnostic and therapeutic services that are not available in other hospitals in the Province. During the year the Special Services and Research Committee approved a budget of \$598,251 received from national and international granting agencies for work in this area, and a further \$110,000 was allocated for service functions from the general hospital budget. It is of interest to note that when these special services have proven themselves in the hospital, they become part of regular service, and the total cost is absorbed in the hospital budget.

5. Personnel

The increasing complexity of hospital service has resulted in a marked increase in the proportion of staff that is classed as technical and professional. The number involved in general plant operation and maintenance has changed very little in the past few years. As a result a greater percentage of the budget is spent each year on direct patient care. During 1962 we employed 1,473 people to service 1,030 beds for an average of 1.4 employees per bed. If the service factor for student nurses is added the ratio becomes 1.7 per bed, which is considerably below the national average for metropolitan general hospitals of 2.15 employees per bed, and the teaching hospital average of 2.24.

6. Nursing

The increasing work load on the wards has had a particularly serious effect on nursing service. We had an establishment during 1962 of 206 general duty nurses, or one for every five beds, to cover all shifts, including week-ends, statutory holidays, and vacations. During the year many nursing stations found themselves unable to cope with heavy patient loads at peak periods of activity, and it became necessary for the hospital to employ part-time and special-duty nurses to augment the regular staff, and to further deplete the staffs of less busy areas to provide temporary replacements.

This situation prompted the formation of a Nursing Service Survey Team to study the staffing pattern of each nursing station in detail. It also resulted in the development of the University Hospital Nursing Reserve of previously-inactive nurses interested in providing part-time service to the hospital. Both of these developments have proven to be successful, and we will soon be able to recommend optimum staffing patterns for all nursing service areas on the basis of the survey, and provide additional coverage for intensive nursing care from the Reserve.

7. Education

Education of health service personnel is a major function of the University Hospital. It provides the major clinical teaching area for undergraduate medical students of the University of Alberta, and 120 physicians received post-graduate medical education during the year as members of the house staff. This latter educational program added some \$450,000 to the operating costs of the hospital.

The School of Nursing had just under 400 students in training during the year, and students in other professional and technical courses added to these numbers, to bring the undergraduate and post-graduate student population in the hospital to over 600.

It has been recognized that advances in the treatment fields require a continuing in-service educational program. Such a program has not been available to general duty nurses in this hospital in the past, and this has resulted in a decrease in job satisfaction at that level. The Board has authorized the development of a continuing educational program for nursing service, and this will be inaugurated when a well-qualified nursing officer is employed in this position.

A lecture course in organization and management for charge nurses has been carried on during 1962, and during the next year a formal course in unit administration will be provided at the University for those who wish to take it.

8. Employee-Management Relations

During 1961 and 1962 a hold-the-line policy on general salary increases was adopted by the Board in an effort to control increasing hospital costs. This resulted in a protest to the Joint Council of the Province by the Civil Service Association, representing the employees. Discussions were held between representatives of the Board and the Provincial Cabinet, and this resulted in negotiations on salaries and on working conditions in this hospital in which the Civil Service Association rather than labor unions has traditionally represented the staff.

Several important developments were brought about by these negotiations. General salary increases for 1962 and 1963 were agreed upon to bring wage levels up to those paid in other metropolitan general hospitals. An Employee-Management Advisory Committee, composed of representatives of administration and staff, now meets regularly to discuss matters of mutual interest. As the year ended an agreement providing employees of the University Hospital with recognized negotiation and arbitration procedures was being finalized by the Civil Service Association and the Hospital Board. This agreement places this hospital in the "life and limb" category in which strikes and lock-outs cannot occur, and provides that the decisions of a Board of Arbitration will be binding on both parties.

These developments have already resulted in improved relations between the hospital and its staff, and should assure good working relationships for the future.

This has been a year of progress in the University Hospital. The developments that have occurred have not resulted from the efforts of a few key people, but rather from the joint effort of a large number of members of various trades and professions, united to produce better care for the patients entrusted to us. This would not have been possible in the light of developing financial problems without the determination of the Hospital Board and the understanding and assistance of the Minister of Health and the Hospitals Division.

The Administration wishes to thank all of them for their efforts, and to pay a special tribute to the members of the Civil Service Association who spent so much time during the year working to ensure improved employment conditions and a better understanding between employees and management in the University of Alberta Hospital.

REPORT OF THE BUSINESS ADMINISTRATOR

The report of the Business Administrator for the year 1962 is essentially in the form of a condensed statement of our incomes and expenditures for the year with comparisons to the year 1961. These figures demonstrate an over-all increase in our operating costs of \$527,000.00. The increased cost of salaries and wages amounts to \$418,100.00 while all other expenses increased by \$108,900.00. The relative relationship of these two main divisions of expense, compared to total expense, changed only slightly on comparison with the previous year but it is nevertheless significant to note a continuation of the trend of an increased proportion of our expense dollar being required to meet the cost of salaries and wages. The proportion required in 1960 was 70.4%, in 1961 70.49% and in 1962 71.12%. It is also significant to note that ten years ago, in the year 1952, 57.3% of the hospital's expense dollar was allocated to salary and wage expenses.

At the conclusion of our financial year it appeared that we would be faced with unapproved expenditures amounting to \$218,054.49, subject to final adjustment. It is gratifying to indicate, at the time of preparing this report, that a final settlement has been made which completely covers this deficiency and leaves us in the position at the end of the year of having had all our operating costs paid since the inception of the Federal Provincial Hospitalization Plan. Our operating costs for the year under the Provincial cost formula amounted to \$14.16 per rated bed day compared to the ceiling maximum of \$14.25 per rated bed day. This is particularly significant when it is appreciated that the University of Alberta Hospital serves the Faculty of Medicine of the University of Alberta as its principal teaching hospital and also provides a significant number of services which are unique in Alberta and which are provided to our patients within the scope of the Hospital Plan.

Gratifying as the situation up to the end of 1962 may be, it is nevertheless necessary to indicate that our budget commitments in the years to come will undoubtedly carry us above the ceiling maximums established under the Federal Provincial Plan. This makes it imperative that we continue with our efforts to demonstrate the differences between other major non-teaching hospitals and the University of Alberta Hospital, as a hospital extensively engaged in teaching and research and carrying financial responsibilities attributable to these functions.

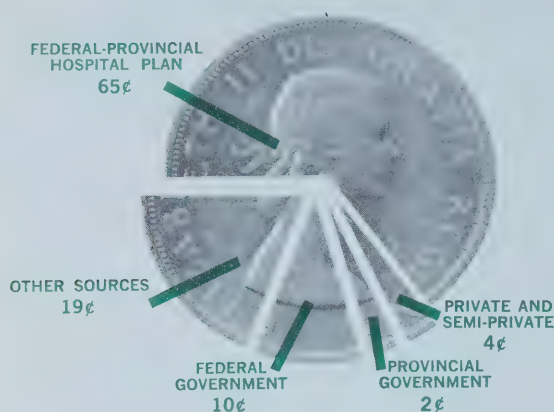
Also provided as a part of this report is a statistical summary of personnel movement and position establishments for the year compared to the previous year.

Personnel Movement

	Budgeted Establishment 1961		Separations 1961			Budgeted Establishment 1962		Separations 1962		
	Full Time	Part Time	Full Time	Temp.	Part Time	Full Time	Part Time	Full Time	Temp.	Part Time
Administration	87	8	27	8	6	87	9	28	10	2
Graduate Nurses	342	9	301	--	15	350	10	272	6	16
Certified Nursing Aides	109	--	65	--	--	117	--	68	--	--
Ward Aides	118	--	66	31	--	122	--	93	26	--
Nursing Orderlies	81	--	24	18	1	86	1	23	26	1
Ward Clerks & Steno's	27	2	8	--	6	28	2	4	--	5
Nurses' Res. & Int. Quart.	27	1	3	2	--	27	2	5	1	--
Medical Records	26	1	5	3	--	28	2	6	1	--
Medical Directors	1	5	--	--	--	1	5	--	--	--
Anaesthesia	2	--	--	--	--	2	--	--	--	--
Clin. Lab. & Research	93	13	30	9	--	99	19	27	8	2
Inhalation Therapy	4	--	--	--	--	4	--	--	--	--
Pharmacy	12	--	2	2	--	13	--	5	1	--
Orthopaedics	4	--	--	--	--	3	--	--	1	--
Ophthalmology	1	--	--	--	--	1	--	1	--	--
Rehab. - Psychiatry Acad. Sch.	48	1	13	9	1	48	--	15	7	--
Medical Social Service	4	--	4	--	1	10	--	1	1	--
X-Ray	27	--	14	4	--	31	--	11	7	--
Dietary	139	13	55	12	4	137	6	93	19	23
Housekeeping	75	--	23	20	--	76	--	20	17	--
Janitors & Elevators	42	--	12	5	--	42	--	13	8	--
Linen Service	67	--	14	6	--	68	--	13	20	--
Maintenance	46	--	--	12	--	46	5	2	15	--
	1382	53	666	141	34	1426	61	700	174	49

FINANCES

WHERE OUR DOLLAR COMES FROM



OUR MAIN SOURCES OF INCOME

Alberta Hospitalization Benefits Plan
Federal Government on behalf of
D.V.A. and D.N.D. patients
Private and Semi-Private differentials
Provincial Government—direct
hospitalization payments
Other Sources—W.C.B., Blue Cross,
Private Insurance, Non-Residents

OUR PRINCIPAL EXPENSES

Payroll
Food and Dietary Supplies
Medical Supplies
Plant Maintenance—excluding
depreciation
All Others

OUR PRINCIPAL ASSETS

Cash on hand and in Bank
Inventories
Accounts Receivable—less provision
for doubtful accounts
Plant Funds—including land, buildings
and equipment

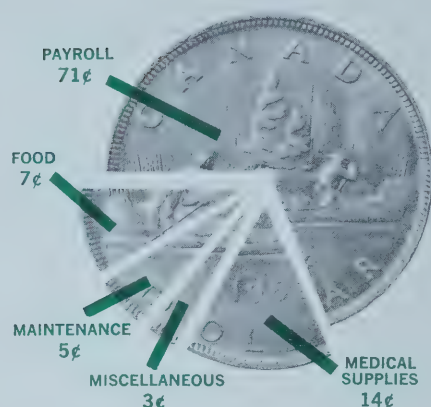
CURRENT LIABILITIES

Trade Accounts—Salaries and wages due

SOURCES OF CAPITAL FUNDS

Province of Alberta
University Hospital
Federal Government
Federal Provincial Plan

WHERE OUR DOLLAR GOES



1962		1961	
DOLLARS	%	DOLLARS	%
4,685,600.00	65.29	4,288,000.00	64.47
679,500.00	9.47	651,000.00	9.79
265,000.00	3.69	262,000.00	3.94
153,600.00	2.14	198,500.00	2.98
1,393,200.00	19.41	1,251,400.00	18.82
7,177,900.00	100.00	6,650,900.00	100.00

5,105,100.00	71.12	4,687,000.00	70.49
509,000.00	7.09	510,600.00	7.67
985,300.00	13.74	915,100.00	13.76
351,700.00	4.90	336,500.00	5.05
225,800.00	3.15	201,700.00	3.03
7,177,900.00	100.00	6,650,900.00	100.00

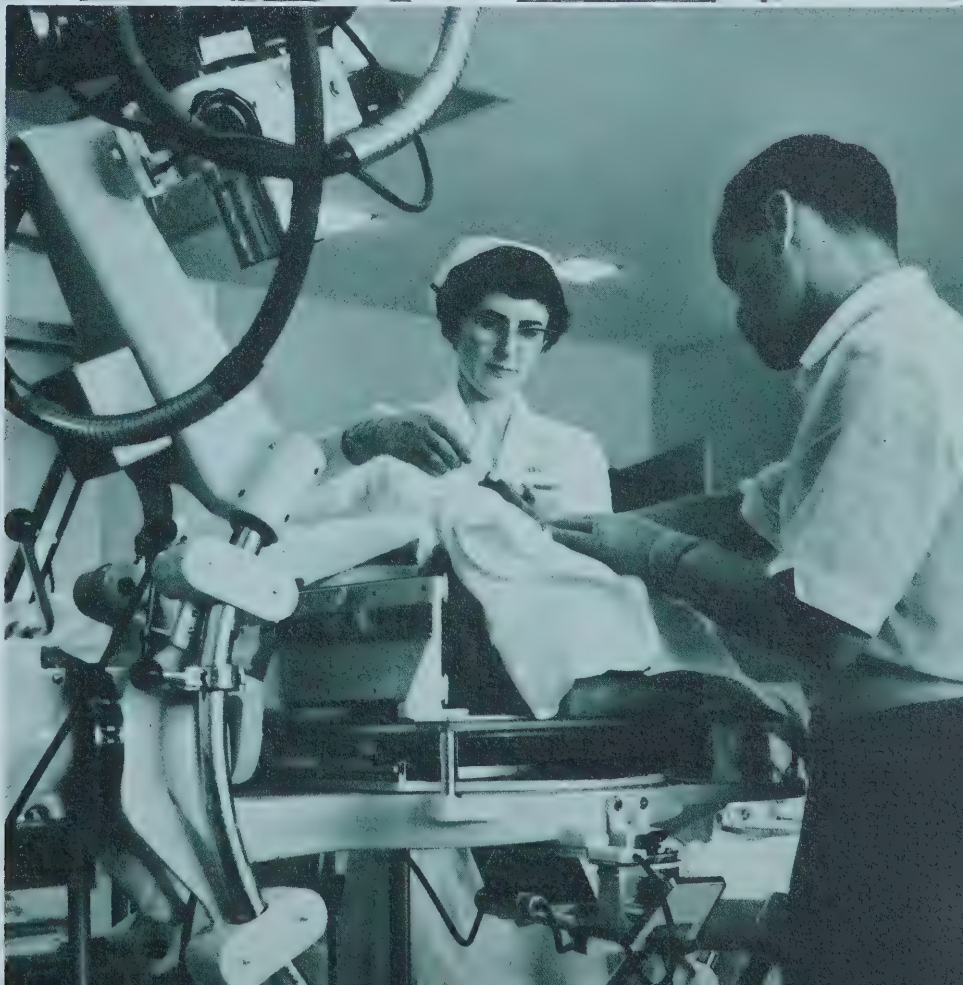
114,000.00
522,000.00
1,107,600.00
19,322,000.00

390,700.00

13,532,000.00
1,740,000.00
687,000.00
3,525,000.00



*Department of Radiology
Venography*



*Subclavian Arteriogram
in Radiology Department*



J. O. METCALFE, M.D.
President
Medical Staff

MEDICAL

DEPARTMENT OF MEDICINE

Director, Dr. D. R. Wilson

Division Heads

- Dr. D. R. Wilson—Internal Medicine
- Dr. R. S. Fraser—Cardiology
- Dr. L. E. McLeod—Endocrinology & Metabolism
- Dr. B. J. Sproule—Chest Disease & Pulmonary Function
- Dr. P. L. Rentiers—Dermatology
- Dr. G. Monckton—Neurology

Active Staff

- Dr. David M. Bell
- Dr. Gordon I. Bell
- Dr. G. D. Brown
- Dr. E. F. Donald
- Dr. J. Dvorkin
- Dr. A. M. Edwards
- Dr. J. Frank Elliott
- Dr. R. S. Fraser
- Dr. J. A. L. Gilbert
- Dr. S. E. Greenhill
- Dr. K. A. Hamilton
- Dr. J. R. Hilliard
- Dr. E. G. Kidd
- Dr. A. S. Little
- Dr. L. E. McLeod
- Dr. G. Monckton
- Dr. P. L. Rentiers
- Dr. F. B. Rodman
- Dr. R. E. Rossall
- Dr. R. W. Sherbaniuk
- Dr. P. H. Sprague
- Dr. B. J. Sproule
- Dr. R. K. Thomson
- Dr. D. R. Wilson

Emeritus Staff

- Dr. M. M. Cantor
- Dr. J. W. Scott

Courtesy Staff

- Dr. T. H. Aaron
- Dr. A. Cairns
- Dr. W. R. St. Clair
- Dr. E. M. Wheeler
- Dr. R. H. Whiting
- Dr. M. K. Young

Consulting Staff

- Dr. J. A. Aylesworth (Tuberculosis)
- Dr. G. R. Davison (Tuberculosis)
- Dr. W. J. Downs (Tuberculosis)
- Dr. J. C. McPherson (Tuberculosis)
- Dr. J. W. Pearce (Physiology)
- Dr. F. G. Ramsay (Administration—D.V.A.)
- Dr. E. S. Orford Smith (Public Health)
- Dr. H. H. Stephens (Tuberculosis)

Honorary Staff

- Dr. G. M. Little
- Dr. A. C. McGugan
- Dr. R. M. Shaw (Internal Medicine)

DEPARTMENT OF SURGERY

Director, Dr. R. A. Macbeth

Division Heads

- Dr. R. A. Macbeth—General Surgery
- Dr. G. K. Morton—Neurosurgery
- Dr. J. W. Duggan—Ophthalmology
- Dr. O. Rostrup—Orthopaedic Surgery
- Dr. K. A. Clarke—Otolaryngology
- Dr. J. C. Callaghan—Thoracic & Cardiac Surgery
- Dr. J. O. Metcalfe—Urology

Active Staff

Division of General Surgery

- Dr. R. A. Macbeth
- Dr. J. D. M. Alton
- Dr. R. C. Harrison
- Dr. E. Hitchin
- Dr. R. J. Johnston
- Dr. S. Kling
- Dr. A. B. McCarten
- Dr. W. C. MacKenzie
- Dr. B. Michalyszyn
- Dr. H. T. G. Williams
- Dr. T. S. Willox
- Dr. T. S. Wilson

Division of Neurosurgery

- Dr. G. K. Morton
- Dr. T. J. Speakman

Division of Ophthalmology

- Dr. J. W. Duggan
- Dr. T. A. S. Boyd
- Dr. D. L. Rees

Division of Orthopaedic Surgery

- Dr. O. Rostrup
- Dr. G. W. Cameron
- Dr. J. R. Huckell
- Dr. D. C. Johnston
- Dr. G. L. Wilson

Division of Otolaryngology

- Dr. K. A. C. Clarke
- Dr. P. T. Quinlan
- Dr. T. C. Wilson

Division of Thoracic & Cardiac Surgery

- Dr. J. C. Callaghan
- Dr. C. M. Couves
- Dr. C. S. Dafoe
- Dr. C. A. Ross

Division of Urology

- Dr. J. O. Metcalfe
- Dr. R. R. Francis
- Dr. W. H. Lakey

Emeritus Staff

- Dr. R. L. Anderson (General Surgery)
- Dr. W. S. S. Armstrong (Otolaryngology)
- Dr. R. G. Huckell (Orthopaedic Surgery)
- Dr. M. R. Marshall (Ophthalmology)

Courtesy Staff

- Dr. E. S. Allin (General Surgery)
- Dr. W. S. Anderson (General Surgery)
- Dr. F. D. Conroy (Urology)
- Dr. F. G. Day (Orthopaedic Surgery)
- Dr. E. F. Foy (Ophthalmology)
- Dr. W. F. M. Hall (General Surgery)
- Dr. A. W. Hardy (General Surgery)
- Dr. R. S. Henderson (Orthopaedic Surgery)
- Dr. H. A. Hyde (General Surgery)
- Dr. W. A. Maclean (General Surgery)
- Dr. B. D. Margolus (General Surgery)
- Dr. H. Meltzer (Thoracic & Card. Surgery)
- Dr. J. P. Moreau (Orthopaedic Surgery)
- Dr. L. P. Mousseau (General Surgery)
- Dr. R. F. Nicholls (Ophth. & O.R.L.)
- Dr. H. L. Richard (General Surgery)
- Dr. W. A. Strutz (General Surgery)
- Dr. N. W. Woywitka (Ophthalmology)

Consulting Staff

- Dr. K. Kowalewski (Experimental Surgery)

Honorary Staff

- Dr. N. E. Alexander (General Surgery)
- Dr. H. H. Hepburn (Neurosurgery)
- Dr. A. R. Munroe (General Surgery)
- Dr. R. G. Townsend (Orthopaedic Surgery)

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Director, Dr. W. M. Paul

Active Staff

- Dr. J. S. Barr
- Dr. Donald M. Bell
- Dr. L. B. Brown
- Dr. J. Bugis
- Dr. W. F. Ferguson
- Dr. W. Douglas Frew
- Dr. R. H. Horner
- Dr. M. M. Hutton
- Dr. T. R. Nelson
- Dr. W. M. Paul
- Dr. D. C. Ritchie
- Dr. J. R. Vant
- Dr. Y. Yoneda

STAFF

R. K. THOMSON, M.D.
Chairman
Medical Advisory Board



Emeritus Staff

Dr. Allan Day

Courtesy Staff

Dr. T. R. Clarke
Dr. R. S. Henderson
Dr. A. H. MacLennan
Dr. R. J. Ostolosky
Dr. S. S. Parlee
Dr. E. B. Quehl

DEPARTMENT OF PAEDIATRICS

Director, Dr. J. K. Martin

Active Staff

Dr. H. B. Armstrong
Dr. J. Calder
Dr. N. F. Duncan
Dr. L. C. Grisdale
Dr. J. K. Martin
Dr. K. A. Swallow
Dr. W. C. Taylor

Outdoor Staff

Dr. J. C. Nelson

Emeritus Staff

Dr. D. B. Leitch

Courtesy Staff

Dr. L. E. Beauchamp
Dr. G. J. Conradi
Dr. G. E. Eddy
Dr. T. A. Gander
Dr. P. J. Kimmitt
Dr. R. Poirier
Dr. G. W. Selby

Honorary Staff

Dr. G. E. Swallow

DEPARTMENT OF PSYCHIATRY

Director, Dr. K. A. Yonge

Active Staff

Dr. G. D. Carson
Dr. W. Forster
Dr. H. J. R. Fuerst
Dr. J. Guild
Dr. A. N. McTaggart
Dr. S. S. Spaner
Dr. H. M. Wojcicki
Dr. K. A. Yonge

Courtesy Staff

Dr. H. M. Barker
Dr. H. Pascoe

DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

Director, Dr. M. Carpendale

Active Staff

Dr. M. T. F. Carpendale
Dr. J. G. Parish

Consulting Staff

Dr. J. R. Fowler

DEPARTMENT OF PATHOLOGY

Director, Dr. J. W. Macgregor

Active Staff

Dr. G. O. Bain
Dr. J. W. Macgregor
Dr. T. K. Shnitka

DEPARTMENT OF CLINICAL LABORATORY SERVICES

Director, Dr. R. E. Bell

Division Heads

Dr. R. E. Bell—Haematology
Dr. H. E. Bell—Biochemistry
Dr. E. J. Penikett—Microbiology

Active Staff

Dr. H. E. Bell
Dr. R. E. Bell
Dr. D. I. Buchanan
Dr. E. J. K. Penikett

Consulting Staff

Dr. R. D. Stuart (Bacteriology)

DEPARTMENT OF ANAESTHESIA

Director, Dr. E. A. Gain

Active Staff

Dr. D. F. Cameron
Dr. C. D. Elton
Dr. E. A. Gain
Dr. J. M. Hagen
Dr. F. C. Haley
Dr. W. D. Kyle
Dr. R. G. McCalla
Dr. J. W. R. McIntyre
Dr. G. T. Moonie

Courtesy Staff

Dr. Zella Hoar

DEPARTMENT OF RADIOLOGY

Director, Dr. H. E. Duggan

Active Staff

Dr. H. E. Duggan
Dr. I. D. Hendin
Dr. C. E. Holmes
Dr. H. F. W. Pribram

DEPARTMENT OF DENTISTRY

Director, Dr. H. R. MacLean

Dr. C. R. Castaldi
Dr. C. G. Duke
Dr. D. G. MacGregor
Dr. H. R. MacLean
Dr. P. D. MacRae
Dr. W. S. Murray
Dr. Mac. G. Strelloff
Dr. A. R. Urschel
Dr. R. W. Van Alstine

Emeritus Staff

Dr. W. S. Hamilton

SCIENTIFIC AND RESEARCH ASSOCIATES

Dr. D. J. Campbell (Biochemistry)
Dr. H. B. Collier (Biochemistry)
Dr. E. E. Daniel (Pharmacology)
Dr. I. Dyrenfurth (Biochemistry)
Dr. G. Olde (Radioisotopes)
Dr. D. B. Scott (Radiology)
Dr. A. G. Stewart (Biochemistry)
Dr. Margaret Thompson (Genetics)

MEDICAL STAFF COMMITTEES

MEDICAL ADVISORY BOARD

J. W. Macgregor, *Chairman*

A. S. Little

D. R. Wilson

R. A. Macbeth

W. M. Paul

J. K. Martin

K. A. Yonge

M. T. F. Carpendale

E. A. Gain

H. E. Duggan

D. C. Johnston

R. E. Bell

H. R. MacLean

W. C. MacKenzie

F. G. Ramsay

D. F. Cameron

J. O. Metcalfe

J. Dvorkin

T. J. Speakman

EXECUTIVE OF THE MEDICAL STAFF

D. C. Johnston—*President*

J. Dvorkin

J. Hilliard

R. J. Johnston

J. D. M. Alton

J. Bugis

J. W. Duggan

W. C. Taylor

J. W. Macgregor

MEDICAL RECORDS COMMITTEE

Dr. W. C. Taylor

A. M. Edwards

G. W. Cameron

T. Williams

COMMITTEE ON PHARMACY AND THERAPEUTICS

J. Dvorkin

G. L. Willox

W. Maday

F. B. Rodman

HOUSE STAFF COMMITTEE

T. S. Wilson

B. Snell

W. C. Taylor

R. C. Harrison

T. R. Nelson

D. R. Wilson

R. A. Macbeth

W. M. Paul

A. S. Little

J. K. Martin

K. A. Yonge

M. Carpendale

E. A. Gain

H. E. Duggan

J. W. Macgregor

R. E. Bell

H. R. MacLean

F. G. Ramsay

J. Dvorkin

R. E. Rossall

LIBRARY COMMITTEE

K. A. C. Clarke

W. D. Frew

J. W. Duggan

R. S. Van Alstine

R. S. Fraser

A. B. McCarten

TISSUE COMMITTEE

G. L. Willox

J. Dvorkin

T. R. Nelson

J. W. Macgregor

COMMITTEE ON OPERATING ROOM SERVICES

R. A. Macbeth

W. M. Paul

E. A. Gain

O. Rostrup

T. S. Wilson

HOUSE STAFF

CLINICAL ASSISTANTS

Medicine

Black, W. R.
Irving, D. W.

Surgery

Francis, G. J.
Shimizu, H. J.

Obstetrics & Gynaecology

Goodwin, J.
Kelly, M. J. A.
Reid, D. J. W.

Paediatrics

Moffitt, K. J.

MEDICINE

Resident

D. S. Wallace

Associate Residents

H. R. L. Brown
G. Goldsand
A. Jolivet
V. O. Oner
N. J. Soltice
T. Talibi

Senior

Assistant Residents

L. A. Dushenski
M. B. McWilliam
M. Rahimuddin
M. Sanderson
F. San Luis
A. M. Tulloch

Junior

Assistant Residents

W. Boldt
L. E. Bryan
G. A. Grebneff
J. A. R. Holmes
C. H. P. Lynne-Davies
A. R. Murray
A. E. Nett
V. E. Sartor
R. F. Taylor
R. A. Ulan
M. J. Willans

SURGERY

Residents

J. L. Barlass
F. J. Bazant
G. W. Hankins
J. W. Irvine
P. E. Levers
H. C. Ramage
M. A. Shaikh
K. B. Wiancko

Associate Residents

P. B. R. Allen
A. N. Campbell
L. G. Coulas
K. E. Dadmarz
E. A. Maynes
O. G. Thurston

Senior Assistant Residents

S. H. Ali
J. G. Beatty
L. A. Burk
O. W. Ciniewicz
C. Crupi
B. J. G. Greenhill
A. T. Kovalik
E. Letwin
T. W. D. Miller
C. R. Ridgway

Junior Assistant Residents

L. J. Clein
K. A. J. Cseuz
D. A. Grace
T. E. Jackson
D. R. McNaught
D. T. Standret
M. Tascon
F. W. Turner
J. K. Wakefield

OBSTETRICS & GYNAECOLOGY

Resident

S. W. Devine

Senior

Assistant Residents

M. K. Clements
I. A. Ferguson

Junior

Assistant Resident

N. E. Schweda

PAEDIATRICS

Associate Residents

D. R. Shea
P. F. Wilcock

Junior

Assistant Residents

C. E. Burchak
H. I. Eist
E. Salter
A. R. Stewart
Z. R. Thompson

PSYCHIATRY

Resident

A. Ioannides

Associate Residents

H. A. Gironella
P. F. Payne

Senior

Assistant Residents

W. Bobey
S. Bulgun
P. Bunton
R. B. Farnalls
A. P. N. Lee
D. K. Miyauchi
M. Warencyia

Junior Assistant Resident

J. W. Urschel

ANAESTHESIA

Associate Residents

H. J. deJongh
G. Drummond

Senior Assistant Residents

M. F. Oner
M. R. Welsh

RADIOLOGY

Associate Resident

L. Costopoulos

Junior

Assistant Resident

H. J. A. Cranz

PATHOLOGY

Senior

Assistant Residents

B. M. Henderson
J. H. Sherstan
A. S. Urban

Junior

Assistant Residents

D. R. Ashford
T. G. Braun

CLINICAL LABORATORY SERVICES

Resident

P. C. Racette

Associate Resident

S. Petuoglu

HOSPITAL ADMINISTRATION

Senior

Assistant Resident

D. Lambert

INTERNS

K. L. Bowes
J. L. Bustillo
J. M. Cross
M. Davidman
E. R. Engelbrecht
H. A. Gabert
G. E. Green
P. J. Hughes
W. G. Jordan
J. B. Martin
G. B. Olsen
J. H. Sprague
S. W. K. Yung

A TYPICAL DAY IN THE HOSPITAL
AVERAGE DAILY OCCUPANCY — 958 PATIENTS

6	DELIVERIES		PROVINCIAL LABORATORY TESTS (UNITS)	902
186	X-RAY EXAMINATIONS		HOSPITAL LABORATORY TESTS (UNITS)	2,311
570	REHABILITATION TREATMENTS		BLOOD TRANSFUSIONS	23
83	EMERGENCY PATIENTS		X-RAY FILMS	608
815	PHARMACY SERVICES		ANAESTHETICS	36
45,390	CU. FT. OF WATER		MEALS SERVED COST OF FOOD	4,140 \$1,278
386,627	LBS. OF STEAM		ELECTRIC KW HOURS	20,281
46	OPERATIONS		CENTRAL SUPPLY SERVICES	5,679
1,450 EMPLOYEES	TOTAL PERSONNEL 2,107		LBS. OF LAUNDRY PROCESSED	17,203
UNIVERSITY OF ALBERTA HOSPITAL				
62 ADMISSIONS				
		58.4 DISCHARGES		
164 MEDICAL STAFF		586 OUT-PATIENT VISITS		

MEDICAL SUPERINTENDENT'S REPORT

Traditionally, a hospital's activity is measured by its number of beds and 'patient-days' and yet these are inadequate yardsticks. In recent years the services given by the University Hospital in the fields of patient care, teaching and research have increased in volume and complexity at a rate far greater than the increase in number of beds. During 1962 the only significant increase in beds was in the Department of Obstetrics but the rapid expansion of all services continued. Some of these are outlined in the following summaries of departmental reports.

Special mention should be made of the setting up of the Kiil Artificial Kidney Unit by Dr. L. E. McLeod of the Department of Medicine for the treatment of chronic renal failure. This, the second such unit to be established in the world, was made possible by the help of Dr. B. H. Scribner of the Department of Medicine of the University of Washington at Seattle.

In 1962 plans were completed to open a blood cross-matching laboratory in the Department of Clinical Laboratory Services of the hospital. This was opened in the new year and should improve to a considerable degree the efficiency of the blood transfusion service in the hospital.

For the second consecutive year the occupancy of the main hospital reached an all-time high (91.1%). Because of the regular fall in occupancy over weekends, public holidays and to a slight degree during the summer months, this high average occupancy implies an occupancy of over 95% during many days of the year. Such occupancy levels place a strain on staff and are not considered to be in the interests of safe hospital practice.

During the summer of 1962 the number of staff resignations again caused problems in the Operating Room. To offset this, it is proposed that each year a number of medical students will be employed during June, July and August in the capacity of Operating Room Assistants. However, as this is a recurring problem, a permanent solution must be found, probably by creating and training a new category of operating room personnel who will be stable employees and can work under the supervision of graduate nurses. This has already been done in many other hospitals.

In October the hospital was visited by a surveyor from the Canadian Council on Hospital Accreditation and received full approval for a further period of three years.

Medical Staff

The Medical Advisory Board, Executive Committee of the Medical Staff and all of their subcommittees were very active during the year. Two new committees were created, a Joint Conference Committee and a Utilization Committee. The latter committee has been particularly active in investigating matters relating to the optimum use of hospital facilities.

The following appointments to the medical staff were made:

Active Staff

W. F. Ferguson	B.Sc., M.D. (Alberta), Spec. O. & G., R.C.P. & S. (C.) —Obstetrics & Gynaecology
H. J. R. Fuerst	M.D. (Munich), D.P.M. (McGill), Spec. Psych., R.C.P. & S. (C.) —Psychiatry
J. M. Hagen	M.B., Ch.B. (Edinburgh), Spec. Anaesthesia, R.C.P. & S. (C.) —Anaesthesia
F. C. Haley	M.D., M.Sc. (Alberta), Spec. Anaesthesia R.C.P. & S. (C.) —Anaesthesia
J. G. Parish	M.D., (Edinburgh), D. Phys. Med. R.C.P. & S. (London), Spec. in Phys. Med. & Rehab. R.C.P. & S. (C.)—Physical Med.
W. M. Paul	M.D. (Toronto), F.R.C.S. (C.)—Obstetrics & Gynaecology
E. J. K. Penikett	M.B., B.S., Ph.D. (London)—Bacteriology
R. W. Sherbaniuk	M.D., M.Sc., (Alberta), F.R.C.P. (C.)—Internal Medicine
M. G. Strelloff	D.D.S. (Alberta), Spec. Oral Surg. (Columbia)—Dentistry

Courtesy Staff

H. M. Barker	B.Sc., M.D. (Manitoba), D.P.M. (Toronto), Spec. Psych., R.C.P. & S. (C.)—Psychiatry
G. E. Eddy	B.Sc., M.D., C.M., (Dalhousie), F.R.C.P. (C.)—Paediatrics
H. A. Hyde	M.D. (Toronto), F.R.C.S. (C.)—General Surgery
G. W. Selby	M.D. (Manitoba), Spec. Paed., R.C.P. & S. (C.)—Paediatrics

Outdoor Staff

J. C. Nelson	M.B., Ch.B., M.R.C.P. (Edinburgh), D.C.H. (London) Spec. Paed. R.C.P. & S. (C.)—Paediatrics
--------------	--

Scientific & Research Associates

E. E. Daniel	B.A., M.A. (Johns Hopkins), Ph.D. (Utah)—Pharmacology
M. W. Thompson	Ph.D. (Toronto)—Human Genetics

The following members of the medical staff resigned:

Dr. K. Baker
Dr. Brenda Devlin
Dr. J. D. Hawkins
Dr. A. F. Phillips
Dr. B. J. Wood

I regret to report the deaths during the year of the following senior members of our medical staff:

Dr. J. E. Carmichael
Dr. C. V. Jamieson
Dr. H. C. Jamieson
Dr. J. J. Ower
Dr. G. M. Tucker

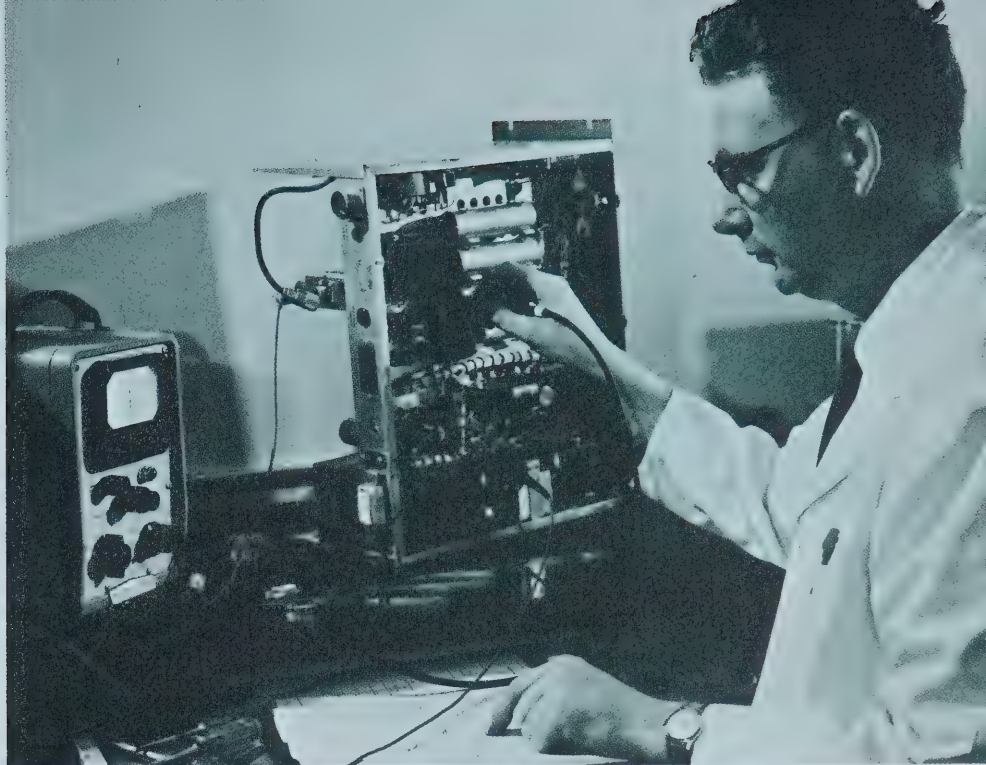
Also during the year, one of the outstanding members of our House Staff, Dr. James G. Beatty, had to discontinue his training due to a tragic illness from which he has since died.

The graduate training program leading to specialty qualification, has also remained very active. In 1962 five members of the House Staff obtained the Fellowship of the Royal College of Physicians and Surgeons of Canada and fifteen obtained Certification in a specialty.

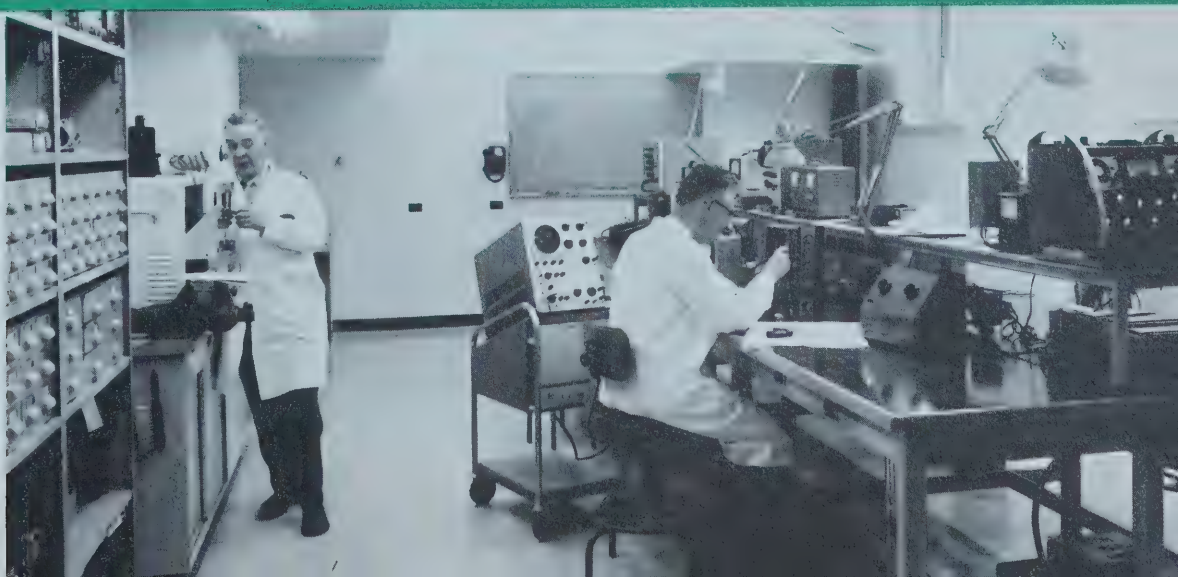
Volunteer activity in the hospital has continued to expand and supplies an important service to both in-patients and out-patients. I would like to express to our Women's Auxiliary and other volunteers, our appreciation for their efforts.

During the year, I have been helped and guided by the Hospital Board, the Executive Director and the other members of the Administrative Committee as well as by many members of the Medical, Nursing and Administrative staffs. I take this opportunity of expressing my appreciation.

*Department of
Medical Electronics*



HIGHLIGHTS OF DEPARTMENTAL ACTIVITIES



MEDICINE



Director
D. R. WILSON, M.D.

In anticipation of its move into new ward units when the final stage of the renovation program is completed, the Department of Medicine has been reorganized into independent units which will operate to a large extent within the geographic confines of their respective wards. This will simplify the admission priority system and improve bed utilization. During this period undergraduate medical students have become more intimately integrated into the treatment teams while living in.

The Division of Cardiology, under Dr. R. S. Fraser, has continued to develop, and the evaluation program in congenital and acquired heart disease has been stepped up to meet the increased demands of the surgical unit. In collaboration with Dr. B. J. Sproule of the Pulmonary Division, pulmonary function has been evaluated before and after heart surgery. Research continues in the evaluation program of 5BX exercises.

The Division of Endocrinology and Metabolism, under Dr. L. E. McLeod, occupied its new quarters which include a metabolic kitchen under the direction of a full-time dietitian, Mrs. Gwen Mabbott. A full program of major metabolic balance studies can now be carried on. Dr. D. M. Fawcett's continuing work in the thyroid field has made a significant contribution to the purity of commercially-available radioactive Iodine. New developments have been recorded in the steroid field, and toward the end of the year the Division acquired a Kiil artificial kidney unit for long-term haemodialysis in chronic renal disease. This procedure, as yet available in only one other centre, has considerably brightened the outlook for some patients suffering from chronic kidney disease.

In the Pulmonary Division under Dr. B. J. Sproule, considerable research has been done on the mechanics of breathing and the evaluation of blood gases. From the service viewpoint this division treated twice as many patients as it did in the previous year. Dr. F. A. Herbert joined the divisional staff during the year.

A new division of Clinical Pharmacology has been formed under Dr. William A. Mahon. This unit will collaborate with the Department of Pharmacology at the University in bringing the benefits of advances in pharmacology to patients under expert supervision.

The Out-Patient Department continues to expand, and new clinics in hypertension and allergy were started during the year. The annual Short Course for Practitioners was held under a new format with a much-appreciated program on diabetes mellitus being presented in Lethbridge by members of the departmental staff.

SURGERY



Director
R. A. MACBETH, M.D.

Activity in the Department of Surgery continued to increase during 1962, not only in the number of patients admitted for treatment, but as well in the complexity of the procedures that were carried out. In spite of a better utilization pattern which resulted in an increase of 214 in surgical admissions over the previous year, the waiting list for elective surgery continues to increase. The situation has been aggravated by the number of surgical beds that have been out of service as a result of the renovation program. New procedures to speed up patient turn-over and improve utilization have been developed, and this process will continue.

Admissions	1962	1961	Comparison	
General Surgery (incl. Thoracic and Cardiovascular)	3518	3401	Up	117
Eye, Ear, Nose and Throat -----	1850	1700	Up	150
Orthopaedic -----	1753	1796	Down	43
Genito-urinary -----	1044	1072	Down	28
Neurosurgery -----	670	652	Up	18
Total -----	8835	8621	Up	214

During 1962, 5,032 major and 4,697 minor operations utilized the operating rooms for a total of 12,519 hours. At an average cost of \$26.81 per hour this represented a value of \$335,634.39 in operating room cost during the year.

The Division of Orthopaedic Surgery under Dr. O. Rostrup carried out 723 major and 756 minor surgical procedures on 1,753 patients. The Harrington strut procedure was introduced during the year, and this was carried out with considerable success on seventeen patients with scoliosis. Members of the resident staff continued the rotation program under Drs. G. Townsend and G. Edwards at the Alberta Children's Hospital in Calgary with considerable success.

The Division of Neurosurgery under Dr. G. K. Morton, with Dr. T. J. Speakman as its other member, carried out 356 major and 125 minor procedures on 670 patients during the year. Interest in thalamotomy continues with 16 carried out prior to the arrival of the new cryo-surgical unit at the end of the year. This new apparatus will further improve the results from this procedure in the future. The work in the neurosurgical field has been helped greatly by Dr. H. F. W. Pribram's efforts in neuroradiology.

The Division of Urology under Dr. J. O. Metcalfe moved into its new quarters on the fifth floor toward the end of 1962. The new unit includes three operating and diagnostic rooms, as well as improved areas for patients and staff, and advanced electronic and radiographic equipment. Sixty-one patients underwent differential renal function tests for hypertension during the year. The Division recorded with sincere regret the death of one of its senior members, Dr. Gordon N. Tucker.

During 1962 the Division of Thoracic and Cardiovascular Surgery under Dr. J. C. Callaghan further increased its activity and toward the end of the year increased open-heart surgery from two to three days a week. The original heart-lung pump that has been used on over 400 cases was prepared for retirement when a new Mayo-Gibbon unit was ordered. Ninety-five patients were subjected to total cardiopulmonary by-pass during the year, and thirty-five carotid body excisions for the control of asthma were carried out. This division recorded a total of 1,302 surgical procedures.

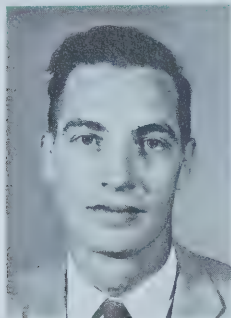
The Division of Ophthalmology under Dr. J. W. Duggan carried out 1,293 procedures, up 35% from 1961, on 891 patients. This increase in patient service was made possible by confirmed bookings for week-end admission, and by the provision of operating room hours for elective surgical procedures each Saturday. These arrangements have considerably reduced the waiting lists of this division and of the Division of Otolaryngology under Dr. K. A. C. Clarke. This latter division also recorded the opening of the pre-school deaf clinic which extensively investigated 18 new patients.

The Division of General Surgery continues to carry the greatest share of the patient load. It combined with Thoracic and Cardiovascular Surgery to admit a total of 3,518 patients, and the general surgeons carried out 2,449 surgical procedures, 1,829 of them major and 620 minor. The contribution of Dr. A. B. McCarten in the international cancer chemotherapy evaluation program is particularly noteworthy. It handled 51 patients during the year. The Peripheral Vascular Clinic under Dr. H. T. G. Williams continues to expand, and during 1962 it recorded 96 new patients and 260 follow-up visits. Dr. R. C. Harrison's extensive work on the physiology of the gastric antrum received recognition in major scientific publications.

The intensive program to improve the academic preparation of resident trainees for examination by the Royal College of Physicians and Surgeons of Canada, General Surgery Division, was continued by the attending staff with considerable success. The number of applications for graduate training in General Surgery at this centre testifies to the quality of the work being done.

The enviable record of this hospital in the control of surgical infections was continued as a result of the efforts of a hard-working committee made up of Dr. T. S. Wilson of this department, and Dr. R. D. Stuart of the Department of Bacteriology.

OBSTETRICS AND GYNAECOLOGY



Director
WILLIAM M. PAUL, M.D.

Part way through 1962 Dr. J. Ross Vant retired as Director of this department, and his successor from the Toronto Western Hospital, Dr. William M. Paul, quickly established himself as a capable clinician, teacher, and scientist, who will assure the continuing development of this major area of hospital activity.

The new obstetrical area on the sixth floor was occupied in the fall, and its use has resulted in a marked improvement in facilities for the care of the mothers and babies, and as well has enabled the members of the staff to provide better and safer care. Construction of a departmental laboratory that will become the centre of a consistent investigative effort was started.

The provision of excellent care to the infants is assured by the co-operation of the Department of Paediatrics in supervising the nurseries. This responsibility is very capably handled by Dr. William C. Taylor.

Attendance at the Out-Patient Department is increasing slowly and it is hoped that a much larger service in this area will develop.

STATISTICS

OBSTETRICS

Year	Admissions	Deliveries	Total Babies	Multiple Births
1960	2436	2210	2236	(24 pr. twins 1 set triplets)
1961	2490	2211	2241	30 pr. twins
1962	2588	2342	2362	20 pr. twins

OBSTETRICS

	1962
Total Deliveries	2342
Vaginal Deliveries	2219
Spontaneous	1518
Forceps	701
Episiotomies	1639
Lacerations	159
Intact Perineum	421
Abdominal Deliveries	123
Caesarean Sections	
Initial	57
Repeat	66

OBSTETRICS

	1962
Total Deliveries	2342
Residence	
Urban	1944
Rural	348
Parity	
Primigravida	676
Multipara	1666

GYNAECOLOGY

Year	Admissions	Major Surgery	Minor	Total
1960	1666	567	1067	1634
1961	1726	593	1082	1675
1962	1651	569	1031	1600

OUT-PATIENT DEPARTMENT

Obstetrics	1960	1961	1962
Prenatal clinic visits	1854	1879	1955
Admissions	269	322	342
Deliveries	228	249	263
Gynaecology			
Clinic visits	620	692	1124
Admissions	78	148	159

The successful operation of the psychiatric service in the hospital during 1962, and the relatively high number of patients who were returned to their home environments with an average length of stay of 21.7 days, testifies to the success of dealing with these conditions in a general hospital setting. All types of cases were treated and the response of patients and their relatives to the "open-door" policy has been excellent.

The work load of the department during the year was as follows:

In-patients treated	936
Out-patient sessions	996
Electro-convulsive therapy	1418
Insulin sub-coma	260
Emotionally-disturbed children (in-patients)	91
(out-patients)	231
Psychological service—1509 tests on 389 patients	
Medical Social service—2049 interviews	

The Emotionally-Disturbed Children's Unit under Dr. Andrew N. McTaggart showed a considerable increase in activity. The research activity of the department was enhanced by the addition of Dr. T. E. Weckowicz and Dr. John Gibbs to the staff. Eleven graduate students have been involved in the educational program during the year.

Admissions to the Department of Paediatrics increased by some 400 over the previous year for a total of 3432. The average bed occupancy was 80% and the length of stay 12.2. Better bed utilization and shorter stay will be made possible during the coming year through renovations in the ward areas which will provide greater versatility.

A total of 3512 paediatric visits were made to the Out-Patient Department, an increase of 603 over the previous year, with 783 new patients being registered and 292 admissions resulting. As a result of the increasing demand clinics will be held three times a week instead of the present two. An average of 400 children are seen each month in the Emergency Department.

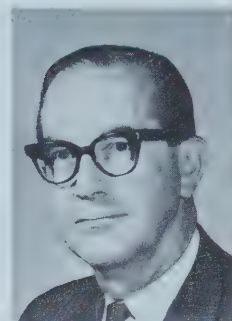
A new clinic for emotionally-disturbed children has been started in collaboration with the Department of Psychiatry and is jointly supervised by Dr. A. N. McTaggart and Dr. Jean Nelson. Clinics for pre-school deaf children and those with cleft palates have been held monthly.

Dr. K. A. Swallow returned from a year at Johns Hopkins with her Master's Degree in Public Health, and has assumed responsibility for Paediatric Out-Patients and the Poison Information Service. Dr. G. E. Eddy, Dr. M. Tedeschini, and Dr. Jean Nelson were appointed to the staff during 1962.

The patients and staff continue to benefit from the volunteer program directed by Mrs. M. Ruth Nuttall. A number of outings were held and volunteers provided 4120 hours of supervised recreational work in the wards.

The Edmonton Public School Board assumed responsibility for the operation of the hospital's school facilities in the fall of 1962. Mr. J. J. Harrington and Mrs. Lilian Crone supervise the school, and since September, 34 senior students have registered and an average of 29 a month have entered in Grades I to VIII. Mr. C. H. Blumer has a total of 28 children in attendance in the emotionally-disturbed children's unit.

PSYCHIATRY



Director
K. A. YONGE, M.D.

PAEDIATRICS



Director
J. K. MARTIN, M.B.

PHYSICAL MEDICINE AND REHABILITATION



Director
M. T. F. CARPENDALE
M.D.

The service aspects of the Department of Rehabilitation maintained a high utilization during the year with the excellent physical facilities being used by the staff to provide the following treatments:

STATISTICS

Physiotherapy and Hydrotherapy Section

Total number of treatments given	94,560
Total number of patients treated	6,970
Total number of polio treatments given	7,456
Total monthly average for polio patients treated ..	26.4

Remedial Exercises Section

Total number of treatments given	23,622
Total number of patients treated	3,115

Occupational Therapy Section

Total number of treatments given	19,542
Total number of patients treated	2,548

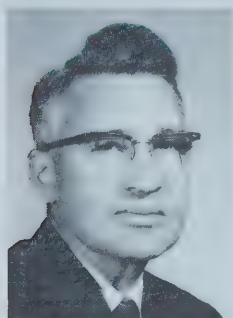
Combined Totals

Total number of treatments given	145,180
Total number of patients treated	12,633

The departmental staff continued to improve its knowledge, and to impart it to others, in a number of ways. Dr. J. Jimenez and Chief Remedial Gymnast Z. Young took part in a course on Lower Extremity Prosthetics at the University of California, Los Angeles. Dr. J. G. Parish, Occupational Therapist Mayers, and Physiotherapist Dong joined Dr. O. Rostrup, Head of the Division of Orthopaedic Surgery in attending a course on Functional Bracing For The Upper Extremity at the same university centre.

A number of excellent exhibits were prepared for the national meeting of the Canadian Physiotherapy Association in Edmonton in June, and in November the department sponsored a seminar on Rehabilitation Medicine for General Practitioners.

ANAESTHESIA



Director
E. A. GAIN, M.D.

A steady increase in the anaesthesia load has resulted from the greater number of surgical patients being treated in the hospital. As a result another operating room was opened in October, making eleven in service, and there is no longer a delay in obtaining an operating room booking after admission. The provision of a laboratory technician in this area has produced better anaesthesia and patient care through laboratory studies carried out during anaesthesia and the recovery period.

The post-anaesthetic recovery room was placed on a 24-hour-service basis and this as well has increased patient safety. The departmental staff consists of 12 staff anaesthetists, 6 residents in training, and 1 rotating intern, and it is hoped that the educational program may be increased in the future.

Total Anaesthetics Administered	1960	1961	1962	Increase Over
				1961
Totals	9010	9522	9746	224
Elective	7778	8131	8286	155
Emergent	1232	1391	1460	69
Average Anaesthetic Time (minutes)	71	80.2	78	-1.8
Recovery Room	7864	8766	9261	495

An increased work load combined with difficulty in obtaining the services of radiologists with the qualifications required by the level of work in this department, made 1962 an extremely busy year. There was an increase of 12% in the number of patients examined, and a resulting increase in all phases of the service load:

	1962	1961
Radiographs (Films) -----	153,075	132,900
Radiographic Examinations -----	46,572	41,514
Films per Examination -----	3.3	3.2
Fluoroscopic Examinations -----	4,651	4,355
X-ray Therapy -----	1,974	1,104

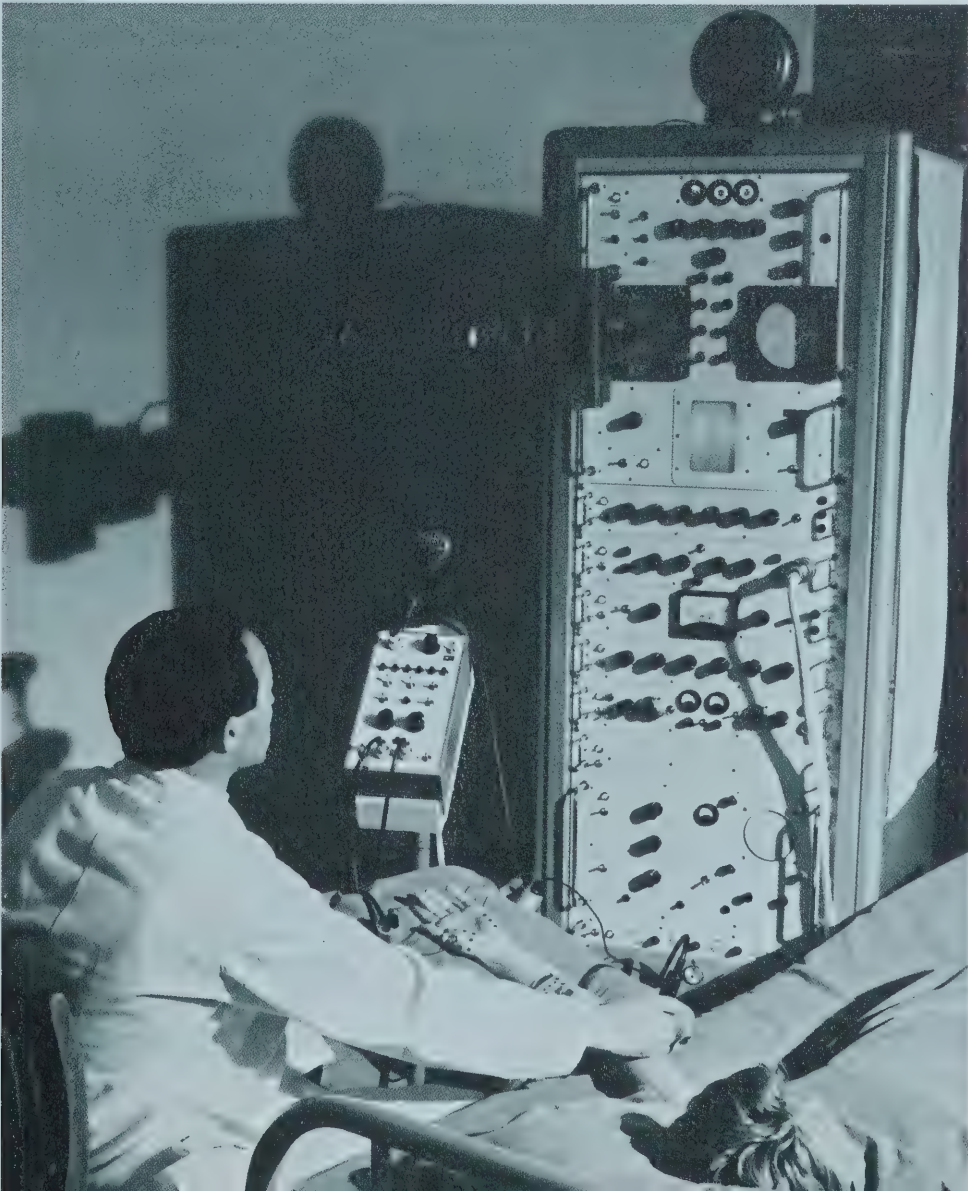
Dr. C. E. Holmes studied new techniques in the detection of carcinoma of the breast at the M. D. Anderson Hospital in Houston, Texas, and Dr. I. D. Hendin travelled to several centres in Canada and the United States studying equipment and techniques used in his specialty of Cardiovascular Radiology.

The Department of Photography under Mr. J. Twyman continues to expand its activities, and the medical slide library has increased in size and in its utilization as a teaching aid.

RADIOLOGY

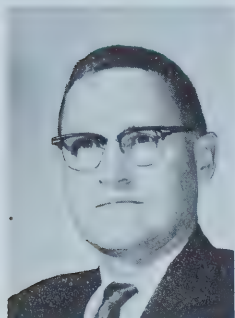


Director
H. E. DUGGAN, M.D.



Nerve Conduction Test
Electromyography
Instrumentation

CLINICAL LABORATORY SERVICES



Director
R. E. BELL, M.D.

	1961		1962	
	Tests	Units	Tests	Units
Clinical Chemistry -----	75,751	325,256	91,417	400,426
Urinalyses -----	44,615	44,729	54,746	83,557
Haematology -----	189,537	266,862	204,447	296,618
E. C. G.s -----	6,643	26,572	7,302	29,208
E. E. G.s -----	1,983	23,796	2,315	27,780
B. M. R.s -----	355	1,420	292	1,168
Miscellaneous -----	1,740	1,794	1,876	1,963
	320,624*	720,429	362,395*	840,720
Radioisotope Laboratory				
Total Diagnostic Procedures ---	2,864		2,932	
Bacteriology and Serology				
Provincial Laboratory (units) --		292,696		329,080
Red Cross				
Patients Transfused -----	2,792		2,885	
Blood Used -----	7,580½		8,252	

*These figures include 48,999 and 56,404 tests done on out-patients.

As indicated by the statistical report there has been a further marked increase in the service load of the Department of Clinical Laboratory Services. The provision of efficient service to the ward areas and to out-patients has been possible only because of the dedicated approach of the professional and technical staffs.

As a result of discussions with the Department of Public Health and the Canadian Red Cross, it was decided to increase the blood banking facilities of this hospital by the addition of cross-matching service. Laboratory service will be provided on a twenty-four hour basis, and this new program should assist in the conservation of blood supplies. The Red Cross will continue to provide the blood for the hospital.

A revision of the instrumentation in the radioisotope laboratory has produced improved efficiency and increased the range of tests that can be carried out.

Arrangements were made with the Northern Alberta Institute of Technology to carry out the formal instruction for laboratory technologists in the school, with the hospital concentrating on their clinical training. A new system of classification was set up for technical staff and a program of continuing education was adopted.

Dr. H. E. Bell returned to head the Division of Clinical Chemistry after a year of special study at the University of Minnesota. Dr. R. E. Bell continues to head Haematology, and Dr. E. J. K. Penikett heads Microbiology. Dr. D. J. Campbell continues as hospital biochemist and Dr. G. Olde as physicist in the radioisotope laboratory.

PATHOLOGY



Director
J. W. MACGREGOR,
M.D.

The service function of this department increased significantly during 1962. The work in Cytology almost doubled with 1470 smears examined as compared with 824 in 1961. This technique has proven its worth in the early detection of cancer and significant beneficial results have been noted in vaginal cytology.

The staff carried out 306 frozen sections in the operating rooms, an increase of 50 over the previous year. In the laboratory area 6649 surgical specimens were examined of which 564 or 8.5% were malignant.

A creditable autopsy rate of 70.9 resulted from examinations carried out in 515 cases.

During the year the department was strengthened by the full-time appointments of Dr. T. A. Kasper whose special interests lie in the field of cytology, and Dr. R. J. Swallow with special training in surgical pathology and forensic medicine.



*The Preparation of
Bacteriology Cultures*



*Slide Examination — Clinical
Laboratory Services*

OUT-PATIENT AND EMERGENCY



Director
ADAM S. LITTLE, M.D.

Both the Out-Patient and Emergency Departments recorded increased utilization during 1962.

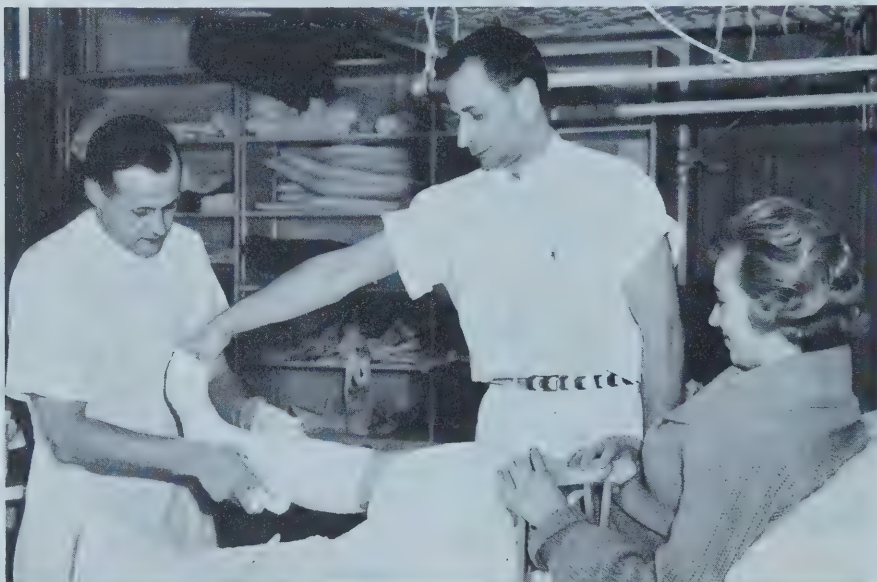
There were 30,289 patient visits to the Emergency Department in 1962, resulting in the admission of 3032 patients, or 10% of those seen. This compares with 29,157 visits in 1961 and 21,900 in 1958.

A study of 5500 consecutive visits during the year indicated that the service is being properly utilized by patients and physicians.

Out-Patient Department visits increased from 18,870 in 1961 to 23,133 in 1962, up 22%. Service was provided to 5477 patients and there were 1683 admissions from this area.

Special clinics provide a useful service to the community, and the Out-Patient Department continues to play an important part in the teaching of physicians and nurses.

*Applying Leg Cast
in Plaster Room*



*About 100 Patients a Day are
seen in the Emergency Dept.*



The Department of Dentistry forms an integral part of the Out-Patient Department of the hospital. It provides a special service to handicapped patients who cannot conveniently be treated in the Dental Clinic at the University or in a dentist's office.

The number of dental operations carried out in this area increased from 523 in 1961 to 730 in 1962, and this increased patient load necessitated the employment of a dental intern.

There was as well an increase in the number of patients admitted to hospital for major oral surgery.

Eight meetings of the Committee were held throughout the year. Dr. J. Ross Vant retired from the Committee and was succeeded by Dr. William M. Paul, the new Director of the Department of Obstetrics and Gynaecology.

All projects proposed by members of the hospital staff to be carried out in the hospital were reviewed by the Committee before they were submitted to granting agencies. This policy has insured that all matters relating to the projects, such as space, administration, use of hospital facilities, and interdepartmental liaison, are correlated before the applications are sent forward. During the year applications for support of thirty-six projects for the year 1963, with a total budget of \$598,251, were approved by the Committee for submission to various national and international granting bodies. Projects were submitted by all medical departments in the hospital.

Dr. William Mahon, a clinical pharmacologist, joined the Department of Medicine, and received financial support and was allotted space by the Committee that enabled him to develop a new program in the hospital on drug evaluation and research in clinical pharmacology; a service which I am sure will prove of great value, not only to this institution, but to the Province and Country over the years. It is interesting to note that since Dr. Mahon's appointment here he has been made the Royal College of Physicians and Surgeons' representative on a drug advisory committee of the Federal Department of Public Health and Welfare.

During the year it was felt desirable to introduce more detailed studies of blood gases and pH on patients in the operating room while they are undergoing major surgery and during the critical postoperative period in the recovery room. A technician was provided by Special Services to the Department of Anaesthesia to develop this aspect of surgical care. Also, part-time support was provided to an electromyographic technician to carry out technical aspects of the work on the tests that are required in the study of normal nerve and muscle function and dysfunction.

The medical electronics and engineering unit completed its first full year of operation, receiving partial support from the Special Services Committee. This unit is providing expert service on the many complicated electronic instruments required in both service and research programs. It is also able to carry out developmental work in electronics, and the unit has been provided with specially-planned shop facilities.

Dr. D. I. Buchanan in the blood transfusion unit has continued his work in the study of problems of transfusion, especially those related to open-heart surgery. With support from the Medical Research Council of Canada, his research was continued on leukocyte and platelet antibodies, and with assistance from the radioisotope laboratory, a method of studying platelet survival has been set up.

In the metabolic and steroid research unit substantial support was received through the Medical Research Council of Canada in addition to that provided by Special Services. Complete metabolic balance studies are now possible with the facilities of this unit. Special support was given to Dr. L. E. McLeod to develop an intermittent dialysis unit for the treatment of chronic renal failure. This unit treated its first two patients at the end of 1962. It is the first unit of this type in Canada and one of the first in North America, and offers a method of treatment for an otherwise rapidly fatal disorder.

A pilot project on the development of a nursing reserve was assisted by the Committee. This is to provide a pool of trained nurses who would be available in times of staff shortages during the summer, and particularly in cases of emergency or disaster.

DENTISTRY



Director
H. R. MacLEAN, D.D.S.

SPECIAL SERVICES AND RESEARCH COMMITTEE



Chairman
W. C. MacKENZIE,
M.D.

In the Department of Radiology a detailed survey of radiation exposure from diagnostic radiological procedures, supported by a National Health grant, was further developed. Research was also continued in the study of radiation effects. Studies of this type are of increasing importance because of the widespread use of x-ray procedures and the known adverse effects of excessive radiation.

The glaucoma clinic was largely supported again by the Special Services Committee. Over 500 patients are attending the clinic, 122 of them new patients. This is valuable work in blindness control and research in glaucoma. It is hoped that this work can be extended to cover more of the Province and that it will receive support from funds other than the Special Services grant.

The special technician provided in the laboratory to do analytical work on special research projects was used by several of the staff in the development of research projects for which continuing support is being sought. The use of this technician on multiple projects has offered significant economies, and at the same time has facilitated the initiation of new studies.

A speech and hearing clinic was given interim support during the year, and some special research work was commenced in the unit in the study of hereditary deafness.

The peripheral vascular clinic continues to supply study and advice to patients with vascular disease in the limbs. Recently the director of the vascular clinic had the opportunity to visit Dr. Altemeier's unit in Cincinnati, with particular reference to lymphangiography, and new and exciting studies in this field have been inaugurated with the co-operation of the Department of Radiology.

The work in the cardiopulmonary unit will be reported in detail in the report of the Department of Medicine, since the major portion of the work done in this unit is now direct patient service. There remains an important research and special service aspect to the work, particularly with relation to detailed follow-up of patients who have had open-heart surgery. The studies include detailed clinical studies, studies of cardiac and pulmonary function, E.E.G.s, and special haematological procedures. The work in cardiac surgery itself will also be reported by the Department of Surgery, but it is of significance that the new developments in both medical and surgical aspects of the cardiopulmonary picture have received their initial support from the Special Services Committee.

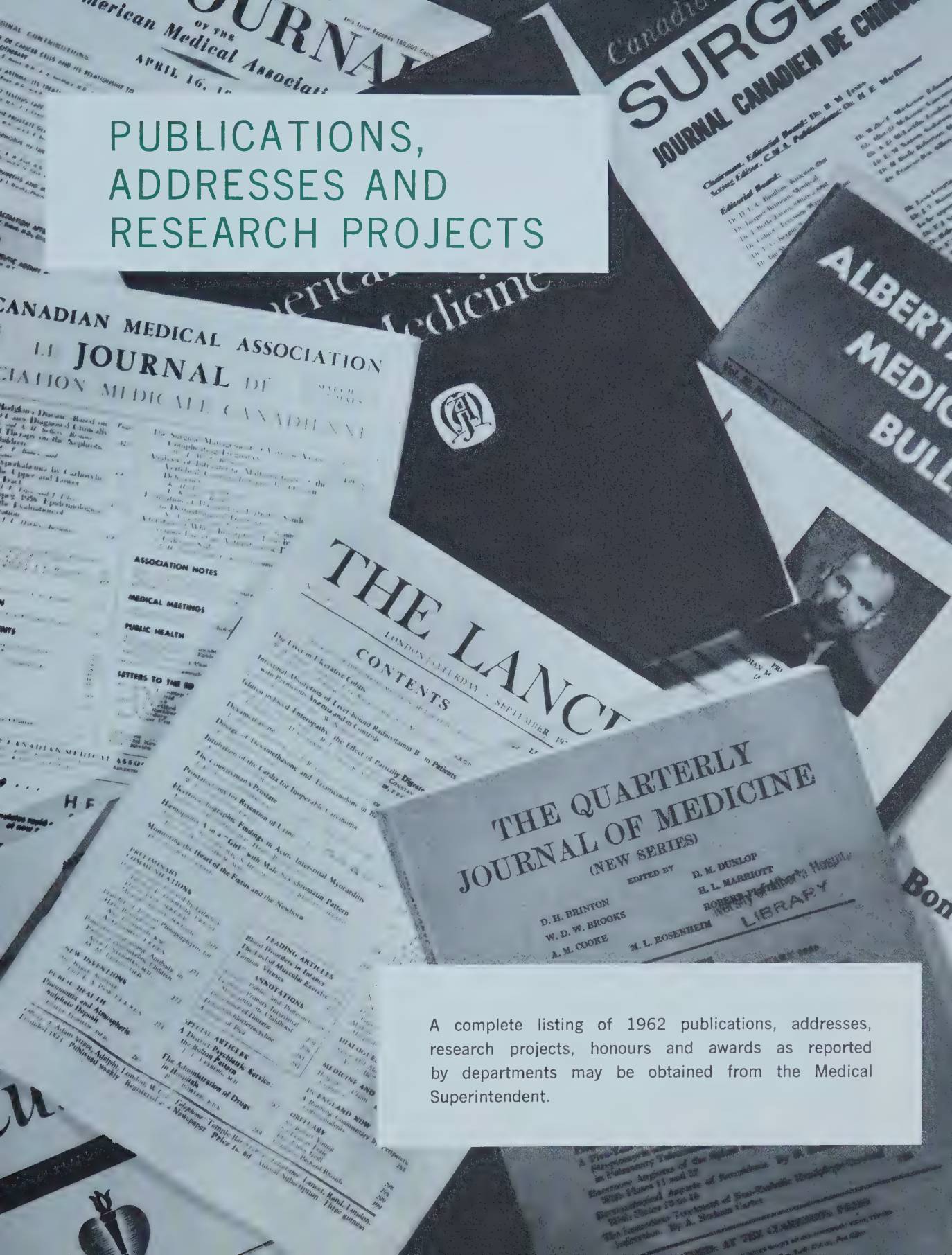
The Chairman of this Committee would like to pay special tribute to Dr. R. E. Bell who has really acted as the co-ordinator of research activities under the auspices of the Committee, and we are particularly indebted to him for his devotion to this task.

The Committee had excellent co-operation from the Hospital Administration in the development of its special and regular projects.

Closed Circuit Color Television used as a Teaching Aid



PUBLICATIONS, ADDRESSES AND RESEARCH PROJECTS



A complete listing of 1962 publications, addresses, research projects, honours and awards as reported by departments may be obtained from the Medical Superintendent.

NURSING



Director of Nursing
MISS GENEVA PURCELL

Mid-summer of 1962 marked a change in the senior nursing administrative position when Miss Jeanie S. Clark left to assume her new duties as Director of Nursing in the Foothills Provincial General Hospital in Calgary, and Miss M. Geneva Purcell arrived from the Royal Victoria Hospital in Montreal to head this major department of the hospital. In her first few months with the University Hospital Miss Purcell has proven herself to be a capable administrator with a keen interest in providing all of our patients with a good, safe level of care, and with a desire to continue the advancement of the School of Nursing as an outstanding educational facility. Her first report indicates her aim to provide optimum nursing care through the development of a stable and happy nursing staff.

Several changes have taken place in the hospital during the past year, and change implies increased activity. The structural renovation of the 1929 building, the re-location of the obstetrical suite, and the opening of the new burn unit are significant. The increase in the number of obstetrical beds and the intensive care of burn patients required study by the nursing department to determine staffing requirements. In order to meet the needs of patients in these areas the nursing staff was increased substantially.

There have been many problems presented in the nursing service area. There is an unusual increase in intensive care for a larger number of patients. The universal problem of continued shortage of professional personnel is still with us. Furthermore, professional personnel are a very mobile group. The mobility during the summer months is of grave concern as is the short-term professional employee.

Our aim is to always give optimum nursing care to all patients and to attempt to obtain and maintain a qualified nursing staff to provide quality nursing care.

Every effort is being made to determine our nursing needs, to re-examine nursing functions, and to improve patient care. One measure already instituted is a nursing survey which is at this time of writing in the planning stage. Another is the organization of a nursing reserve program to encourage qualified married nurses to return to active nursing for assistance during peak loads of activity and summer vacation relief.

The nursing service personnel turnover is of interest. Two hundred and six general duty nurses were employed. Two hundred and three resigned, or 90.6% of the total general duty personnel. Fifty-three general duty nurses were employed temporarily. Forty general duty nurses were employed part time.

At the end of December, one hundred and fifty-six of the permanent staff were still employed. Eighteen have been on staff from six to twelve months. Forty-two have been on staff less than six months.

The senior nursing personnel were more stable this year. Only thirteen charge nurses and seven assistant charge nurses were replaced.

Other Activities in Nursing Service and Nursing Education

The nursing department is now settled in a central area on the second floor of the hospital. The nursing service office is anticipating more office space.

The staff organization has been structured. The aims and objectives of all committees have been defined, and the membership has been reviewed.

The organizational chart for nursing has been drafted.

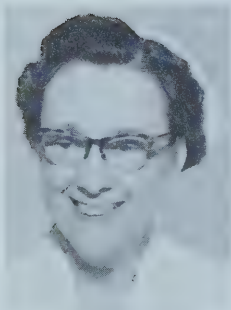
A study has been completed on "off-the-ward activities of the nursing personnel".

Job descriptions have been studied in nursing service and are being re-defined.

The nursing officers have studied the school improvement program outline of the Canadian Nurses' Association. The philosophy, aims, and objectives of the school have been reviewed and revised.

The facilities of the obstetrical department, the premature nursery, and teaching generally, have been used for observation and field experience periods by the students from the University of Alberta and the University of Saskatchewan Schools of Nursing.

The Nursing Advisory Board has held two full meetings and seven executive meetings. The membership of the Board was changed to include a representative from the medical staff to be approved for a period of two years. Other medical staff who have retired from active staff were not replaced.



*Associate Director —
Nursing Service*
MISS M. J. LEES, R.N.

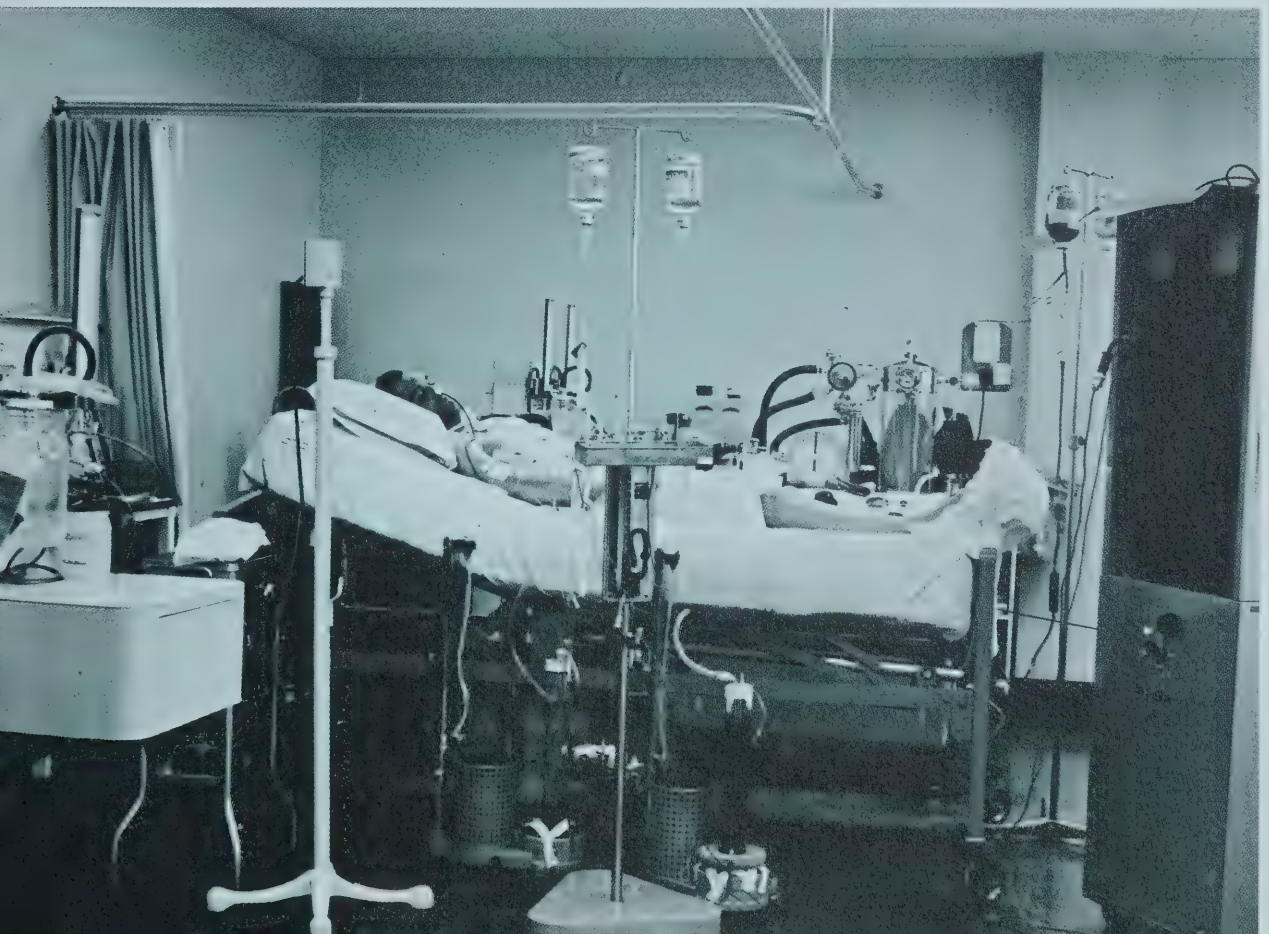


*Associate Director —
Nursing Education*
MISS M. R. THOMPSON, R.N.



Post-Anaesthetic Recovery Room

Intensive Care in the Cardiac Recovery Room



The School of Nursing

The forty-four hour week for nursing students was approved in principle. A proportion of the student body is now on the new schedule.

The nurses' reference library was renovated to provide a better control and a safer method of book distribution.

The nursing student's basic uniform has been re-styled. The pink uniform is now made from a monogrammed material.

The Macleod Club has had a busy, active year.

- (1) They participated in Varsity Guest Weekend. Many interesting displays were prepared in the residence.
- (2) Some thirty-five students visited the University of Saskatchewan during the annual University Exchange Weekend.
- (3) Representatives were sent to the Student Nurses' Association Annual Convention in Jasper, and the Canadian Nurses' Association Bienium in Vancouver.
- (4) Representatives participated in the fashion show sponsored by the Student Nurses' Association.

Spring Graduation Exercises were held jointly with other departments in the hospital. Graduands from Dietetics, Medical Laboratory Technology, and X-Ray Technology, as well as Nursing, were honoured.

The fall Graduation Exercises were held as usual. The following graduated from the School of Nursing:

April 6, 1962	University of Alberta Hospital -----	42
	Provincial Mental Hospital, Ponoka -----	2
October 19, 1962	University of Alberta Hospital -----	72
		116

All but one of the nursing students completing the educational program were successful in the conjoint examinations. The one failure was permitted to write a supplemental and was successful.

Thirty-six of those graduating are still employed in the hospital.

Admissions to the School of Nursing:

Requests for calendars -----	595
Requests for applications -----	380
Completed applications returned -----	229
Accepted applications -----	129
Students reinstated in the school -----	2
The hundred persons who applied and did not enter are explained thusly:	
Applications rejected for medical reasons -----	3
Applications rejected for academic reasons -----	1
Applications withdrawn -----	96
Reasons for withdrawal of applications:	
Change in plans -----	10
Not academically eligible -----	10
No further response from applicant -----	29
Withdrew to enter another hospital school of nursing -----	21
Withdrew to enter other faculties -----	18
Enrollment in technical courses -----	2
Withdrew for academic or other reasons, including four 1st year degree -----	6
	96

The total enrollment in the University of Alberta Hospital School of Nursing has fluctuated due to a fairly high withdrawal rate. There were thirty-two withdrawals, the attrition rate being 10.3%.

Reasons for withdrawals:

Marriage -----	4
Health -----	2
Transfer to other faculties -----	9
Lack of interest -----	3
Unhappy—or disliked Nursing -----	14
	32

Nursing students from the Archer Memorial Hospital at Lamont receive an affiliation in Paediatrics, and students from the Royal Alexandra Hospital affiliate in the Out-Patient Department.

The Health Service has as usual continued to provide service for the nursing students. The general health has been quite satisfactory.

Number of hospitalized days -----	740
Total number of days lost due to illness -----	2493
Total number of students seen on sick parade -----	1722

The Health Service is now performing Mantoux testing on nursing students and giving B.C.G. as indicated.

Immunization given as required includes the following:

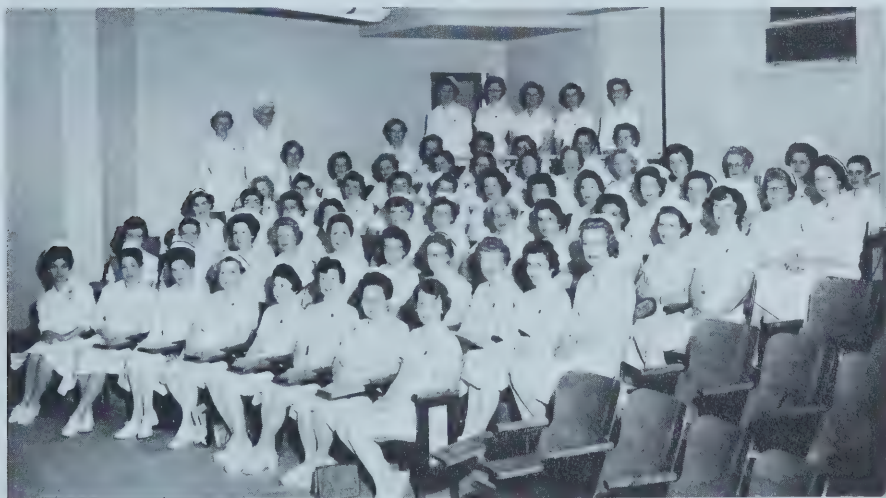
Immune Serum Globulin
Influenza Virus Vaccine Polyvalent
Sabin Oral Poliomyelitis Vaccine
T.A.B.T.

There were ninety-three applications for financial assistance. The assistance was granted from the following sources:

Bursary Awards -----	26
Shaw Memorial Fund -----	7
Revolving Loan Fund -----	22
Students' Assistance Act -----	38
	93

There is always considerable need for financial assistance to more and more nursing students. It is hoped that soon there will be a greater number of bursaries available.

Nursing Reserve



The nurses shown in the accompanying photograph have been returned to part-time service in the University Hospital as members of the first group to undertake the Nursing Reserve program. They are professional nurses who graduated some years ago and who, because of family responsibilities, have not been actively engaged in practice. As a result of the classroom and in-service program that has been provided to them by members of our nursing and medical staffs, they are now providing the hospital with a considerable amount of nursing service at busy times when the regular nursing teams have difficulty giving adequate coverage.

The strength of the Reserve will be maintained at approximately one hundred through a continuing recruitment and educational program that is available to graduates of all approved schools of nursing. They provide the hospital with an organized and well-trained group of nurses that will assist the busy wards throughout the year as required, and supplement the depleted staff during the summer months. As well the Reserve has undertaken to serve the community at any time in the event of disaster.

PHARMACY



MR. W. W. MADAY

Statistics

	1959	1960	1961	1962
Cost of Drugs	\$162,509	\$223,857	\$182,708	\$144,529
Stock Inventory	\$ 68,079	\$ 88,469	\$ 93,538	\$ 91,394
Prescriptions	141,167	143,216	132,244	166,683
Daily Average	574	688	570	815

Drug Costs By Area

	1959	1960	1961	1962
Operating Rooms	\$ 19,021	\$ 30,517	\$ 33,809	\$ 41,302
Laboratories	\$ 10,331	\$ 17,438	\$ 22,360	\$ 21,654
Out-Patient Department	\$ 16,160	\$ 18,762	\$ 27,600	\$ 35,008
Emergency	\$ 5,111	\$ 6,671	\$ 6,984	\$ 6,567

The cost of supplies during the year has been further reduced through the use of the tender system. Further savings have been realized through extensive manufacturing and prepackaging in the pharmacy. Prepackaging of 104 items and manufacturing of 781 was carried out during 1962. Extension of this program is now limited by the restricted space occupied by the department.

During the year the establishment of a Night Emergency Medication Cupboard has reduced the number of staff call-backs. The institution of a ward delivery system for narcotics has resulted in a saving of 13 hours daily by nurses and 1¼ hours daily by members of the pharmacy staff.

CHAPLAIN



THE REVEREND
R. K. DOUGAN

The Hospital Chaplain began his full-time ministry in the University Hospital in July. By the end of the year he had firmly established himself as a member of the treatment team and was carrying on an increasing service to the spiritual needs of the patients and staff.

During that time his many activities included the following:

- 766 visits on referral to 376 patients
- 23 interdenominational services in the hospital chapel
- 119 meetings with professional, church, and lay organizations in the community
- 151 consultative interviews with patients in co-operation with doctors, nurses, social workers, and visiting clergymen
- 26 counselling interviews with members of the staff
- 15 lectures and seminars in the hospital's educational program

In its short existence the Chaplaincy Service has established itself firmly as an integral part of patient care.

WOMEN'S AUXILIARY



MRS. T. S. WILSON

The University Hospital Women's Auxiliary has a total membership of 90. During 1962 it raised \$2,686.20, most of which again was used to pay the salary of our Volunteer Service Director. Under her direction 248 volunteers gave 10,623 hours of work in the hospital. The Director also arranges entertainment for patients throughout the year as well as on special holidays.

In January a Baby Photography project was started. Pictures of the babies born in the hospital are shown to the mothers, who may purchase copies if they wish. As well the babies' ears are photographed for a research project under Dr. William Taylor.

The Auxiliary wishes to thank the Hospital Administration and Staff for their help and support during the year.

The Social Service Department completed its first full year of operation in 1962. While the work that could be accomplished was limited by the relatively small staff and the time required to properly handle each case, its contribution can be judged by the following statistics:

Interviews—1962				
Patients	In-Patient	1,797		
	Out-Patient—O.P.D.	507		
	Others	203	2,507	
Relatives	In-Patient	923		
	Out-Patient—O.P.D.	177		
	Others	246	1,346	
Others— Physicians, nurses, social workers from other agencies, employers, school teachers, etc.	In-Patient	1,464		
	Out-Patient—O.P.D.	411		
	Others	251	2,126	
			5,979	

SOCIAL SERVICE



MISS I. CHENARD

Distribution of Referrals to Community Agencies

	In-Patient	Out-Patient		
		O.P.D.	Others	
Provincial Welfare	246	97	12	
City Welfare	34	19	4	
Family Agencies—Non Denominational ..	11	11	—	
Roman Catholic	—	—	—	
Jewish	—	—	—	
Edmonton Rehabilitation Centre	2	4	1	
National Employment Office	9	16	8	
Other resources				84
	302	147	25	84
Total		558		

The Dietary Department holds a responsible position in the patient-care areas of the hospital. It must produce a good standard of general dietary service for patients and staff, and it is as well responsible for special diets that play an important part in the treatment of patients. During 1962, 83% of the meals served were classified as house diets (standard), 13% were therapeutic, and 4% were diabetic.

Comparative meal counts and food costs during the year are as follows:

	1960	1961	1962
Meal Day Count—Staff	177,262	182,136	175,150
Patients	339,313	329,048	328,562
Total	516,575	511,184	503,712
Raw Food Cost	\$490,142.75	\$466,992.76	\$466,488.06
Average Raw Food Cost Per Meal Day ..	90.97¢	91.35¢	92.61¢

Average Prices—Basic Foods

Meat, lb.	\$.4354	\$.5578	\$.4700
Turkey, lb.	.4359	.5409	.4133
Butter, lb.	.6400	.6400	.5700
Eggs, doz.	.3700	.2508	.3700
Potatoes, bushel	1.4700	1.7300	2.1600

DIETETIC SERVICES



MISS I. TORRINGTON
R. DT.

COMPARATIVE STATISTICAL REVIEW 1961 - 1962

ADMISSIONS:

	1961	1962
Total	22,059	22,611
Private	656	463
Semi-Private	3,969	4,038
Standard	11,672	12,395
Out Patient Department	1,654	1,651
Department Veterans' Affairs	506	574
Staff	149	75
Others	3,453	3,415

RELIGION:

Protestant	3,947	3,278
Roman Catholic	4,528	4,810
United Church	5,052	5,640
Presbyterian	739	857
Anglican Church of Canada	2,786	2,833
Lutheran	1,563	1,584
Others	3,444	3,609

NATIONALITY:

Canada	16,539	17,128
British Isles	1,966	2,056
U.S.A.	1,049	1,079
Others	2,505	2,348

BY DEPARTMENT:

Medical	4,951	5,064
Surgical	3,401	3,518
Obstetrical	2,473	2,588
Gynaecological	1,726	1,691
E.N. & T.	1,700	1,851
Orthopaedic	1,796	1,753
Dermatology	122	119
Neuro-Surgery	652	669
Paediatrics	1,382	1,538
Metabolic	303	218
Genito-Urinary	1,072	1,044

	1961	1962
Cardiology	276	240
Others	2,205	2,318
Maximum Admissions any one day	100	115
Minimum Admissions any one day	27	23
Maximum Discharges any one day	128	115
Minimum Discharges any one day	12	20
Maximum in Hospital any one day	1,089	1,040
Minimum in Hospital any one day	655	630
Number of patients at beginning of year	796	768
Total number of patients deceased during year	591	652
Total number of patients at end of year	768	745
Total number of patient days	349,818	342,805
Daily average number of patients	958	940
Average stay of patient (in days)	15.3	14.66

X-RAY DEPARTMENT:

Radiographs (films)	132,900	152,075
Radiographs (examinations)	41,514	46,572
Fluoroscopies	4,355	4,651
X-Ray Treatments	1,104	1,974

LABORATORY DEPARTMENT:

Examinations	313,626	354,801
B.M.R.'s	355	292
E.C.G.'s	6,643	7,302
Total	320,624	362,395

OPERATIONS:

Major	4,745	4,966
Minor	4,473	4,545
Genito-Urinary	2,127	2,043
Total	11,345	11,552

OUTPATIENT VISITS:

	124,281	146,600
--	---------	---------

I N D E X

	Page
University Hospital Board and Administrative Committee	3
Administration	4
Report of the Executive Director	5
Report of the Business Administrator	9
Finances	10
Medical Staff	12
Medical Staff Committees	14
House Staff	15
A Typical Day in the Hospital	16
Report of the Medical Superintendent	17
Highlights of Departmental Activities	19
Department of Medicine	20
Department of Surgery	20
Department of Obstetrics and Gynaecology	22
Department of Paediatrics	23
Department of Psychiatry	23
Department of Physical Medicine and Rehabilitations	24
Department of Anaesthesia	24
Department of Radiology	25
Department of Clinical Laboratory Services	26
Department of Pathology	26
Department of Out-Patient Services and Emergency	28
Department of Dentistry	29
Special Services and Research Committee	29
Publications, Addresses and Research Projects	31
Department of Nursing	32
Department of Pharmacy	36
Department of Chaplaincy	36
Women's Auxiliary	36
Department of Social Service	37
Department of Dietetic Services	37
Comparative Statistical Review	38

Inside Photographs by
Photographic Department
University of Alberta Hospital

